DOCUMENT RESUME

ED 165 771 IR 006 725

| | |
|---|---|
| AUTHOR | Huff, Hugh; Caltagirone, Norma |
| TITLE | Emergency Medical Services. Final Project Report. |
| INSTITUTION | North Carolina Univ., Chapel Hill. Extension Univ. |
| PUB DATE | 76 |
| NOTE | 151p.; Region J Public Education Project; For related documents, see IR 006 723-726 ; Research sponsored by the North Carolina Office of Emergency Medical Services; Parts marginally legible due to broken and light type |
| EDRS PRICE | MF-$0.83 HC-$8.69 Plus Postage. |
| DESCRIPTORS | Audiovisual Aids; Budgets; Community Involvement; *Educational Needs; *Educational Objectives; *Instructional Materials; Lesson Plans; Mass Media; Programing (Broadcast); Projection Equipment; *Publicize; Questionnaires; Radio; Scripts; *Summative Evaluation; Surveys; Tables (Data); Television |
| IDENTIFIERS | County Community Organizations; *Emergency Medical Service; *North Carolina |

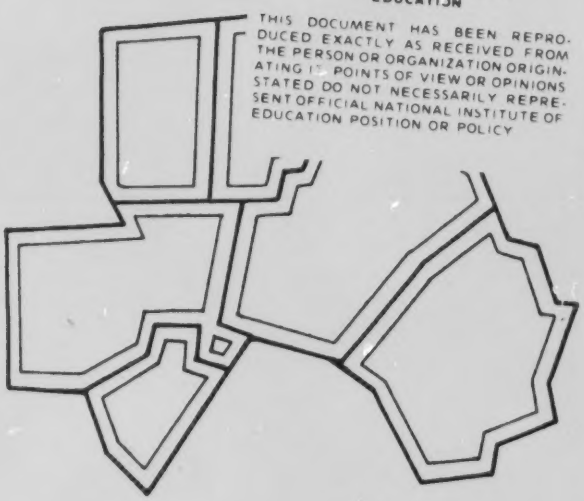
ABSTRACT

This report presents the procedures and activities of a year-long Public Education Project conducted in Region J of North Carolina to help citizens of this region learn what Emergency Medical Services (EMS) are available, how to obtain them, and when to call upon them. Previous reports provide the sampling methodology used to survey the educational needs of the citizens and the statistical results it produced; this report summarizes and evaluates the steps of the project, from determining the educational objectives necessary to increase public awareness, to specific publicity methods and programs utilized to meet those objectives, including the design and production of educational materials. Community participation and organizations relevant to the success of the project are also discussed, and the project's budget is presented. A general overview with recommendations concludes the report. Appended are the resumes of the project director, coordinator, and administrative assistant; copies of the initial and final surveys; the public service announcements, radio and public affairs programs, print materials, school lesson plans, and slide/tape presentations used in the project to publicize EMS; and a list of equipment. (JD)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

ED165771

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY



# REGION J

## Public Education Project

## Emergency Medical Services

BEST COPY AVAILABLE

# FINAL PROJECT REPORT

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

W. Hugh Huff

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

IR 006 725

written by

Hugh Huff
project coordinator

Norma Caltagirone
administrative assistant

The work presented herein was performed pursuant to a grant from the North Carolina State Office of Emergency Medical Services. However, the opinions expressed herein do not necessarily reflect the position or policy of the N.C. Office of Emergency Medical Services and no official endorsement should be inferred.

# Table of Contents


PAGE NUMBER

PREFACE.....vii

GETTING STARTED.....1

SURVEY OF EDUCATIONAL NEEDS.....4

DETERMINING EDUCATIONAL OBJECTIVES.....7

METHODS AND MEANS FOR EDUCATIONAL ACTIVITIES.....9
- Mass Media.....9
- Radio.....11
- Television.....13

COMMUNITY PARTICIPATION AND ORGANIZATION.....16

DESIGN AND PRODUCTION OF EDUCATIONAL MATERIALS.....21
- Print Materials.....21
- Television and Radio.....24
- Slide/Tape Shows.....24
- Shopping Center Display.....26
- Equipment.....27

EVALUATION AND ASSESSMENT.....29

BUDGET.....37
- Budget Supplement.....38

DISCUSSION AND RECOMMENDATIONS.....39

APPENDICES.....51

## List of Tables and Figures

TABLE: PAGE NUMBER

1 Number of Presentations by County.....19

2 Media Through Which People Indicated They Had Seen or Heard the EMS Message within the Last Six Months.....32

3 Exposure of Project's Brochures.....33

FIGURE:

1 Time Frame for Project Tasks.....40

2 Time Frame for Materials Design, Production, and Distribution...41

## List of Appendices

APPENDIX: PAGE NUMBER


A RESUMES.....51
Part 1: Donald F. Martin.....52
Part 2: W. Hugh Huff.....55
Part 3: Norma T. Caltagirone.....58

B INITIAL SURVEY.....59
Part 1: Instructions to Interviewers.....60
Part 2: Questionnaire.....62

C PUBLIC SERVICE ANNOUNCEMENTS.....66
Part 1: First Set PSA's for Radio.....67
Part 2: Second Set PSA's for Radio.....71
Part 3: Third Set PSA's for Radio.....78
Part 4: PSA's for Cablevision.....85

D RADIO PUBLIC AFFAIRS PROGRAMS.....88
Part 1: Talk Show Schedule.....89
Part 2: List of Lead Questions.....90

E FORMING COUNTY COMMUNITY ORGANIZATIONS
Part 1: "County Community Organizations".....96
Part 2: Presentation Report Form.....104

F PRINT MATERIALS.....105
Part 1: "E.M.T.'s Could Save YOUR Life!".....106
Part 2: "Emergency Medical Services: Your Best Help in a Medical Emergency".....106
Part 3: "Be Prepared" Card.....106
Part 4: Telephone Sticker.....106

G LESSON PLANS.....107
Part 1: Pre-school to Grade 3.....108
Part 2: Grades 4-6.....110
Part 3: Grades 7-12.....112

H SLIDE/TAPE SCRIPTS.....115
Part 1: Script "A" (9 minutes).....116
Part 2: Script "B" (11 minutes).....122

I LIST OF EQUIPMENT.....129

J FINAL SURVEY.....134
Part 1: Instructions to Interviewers.....135
Part 2: Questionnaire.....137

PREFACE

Everyday the citizens of North Carolina are faced with medical emergencies. Most have only a very limited, if any, idea of how to handle such a situation. Furthermore, many are unaware that a group of dedicated and highly trained people are available to help them save their lives and the lives of others.

This report presents the procedures and experiences of a year-long Public Education Project conducted in Region J of North Carolina in an effort to help the citizens of this region learn what Emergency Medical Services are available, how to obtain them, and when to call upon these services.

Successful completion of this Project would not have been possible without the support of the rescue squads and ambulance services of the region who gave of their already limited time to conduct surveys and make presentations to their communities. The Region J EMS Council and the county EMS organizations, where they exist, fully supported the work done during the Project. Appreciation is due Dr. Donald F. Martin for serving as Project Director and for his help in keeping the financial situation in order and his advice on the conduct of the Project. The relationship with the North Carolina State Office of Emergency Medical Services, and especially Chris Gentile and Tom Harmelink,

is highly prized for their flexibility in approving the changes which are inherent in a pilot project of this sort. Special acknowledgement is due Thack Brown, Burroughs Wellcome Company, Chairman of the Region J Public Education Committee, and Bill Herlford, Extension Division, UNC-CH, Chairman of the Orange County EMS Council, not only for their careful reading of both this manuscript and the manuscripts for the Initial and Final Survey reports, but for their continued support throughout the year. Their constructive comments and critical insight were responsible for significant improvements. Of course, the responsibility for any errors which may remain is mine.

Hugh Huff

GETTING STARTED

The Public Education Project was implemented on August 1, 1975 by Memoranda of Agreement between the Office of Emergency Medical Services and Triangle J Council of Governments and between the Triangle J Council of Governments and the Extension Division, University of North Carolina at Chapel Hill. Dr. Donald F. Martin, Assistant Director of Extension Division for Community Adult Education was named Project Director; Hugh Huff was hired as the Project Coordinator; and Norma Caltagirone assumed duties as Administrative Assistant/Secretary for the project. Resumes of each of the above named personnel are included as Appendix A to this report.

Office space and equipment were obtained through the Extension Division when it was discovered that the original estimate of five dollars per square foot for office space which was a viable figure in April 1975 (when the proposal was written) became inadequate in August due to inflation. Preliminary research in August indicated that unfurnished office space in Chapel Hill, when available, was of the order of seven dollars and fifty cents per square foot. Therefore, due to the relocation of The Reading

Center, space was made available in Building Three, CHYDARU, Old Mason Farm Road, Chapel Hill, North Carolina, 27514. This space was furnished by the Extension Division within the budget estimates.

The arrangement with the Extension Division of the University of North Carolina at Chapel Hill had several advantages for the project's operation. First, through the "letter of agreement" type of arrangement, no technical overhead for administration of the grant was subtracted. Technical overhead arrangements typically vary between 17% to 50% of the total grant with the common figure being toward the top of this range. A second advantage was that space and office furnishings were nominally provided and were immediately available for the project's use, thus hastening the start of the project. Additionally, since the project was administered by an office of the state government, equipment, supplies, and very importantly, printing and duplicating services were available to the project at a decreased price due to the state contract and volume buying arrangements into which the University had entered.

The only apparent disadvantage was the isolated location of the office space. It was approximately four miles from the main campus and thus when resources such as the computer center, media center, or administrative office (necessary to contact when trying to hurry through paperwork) were needed, they were time-consuming to reach and resulted in the Project Office (and hence the telephone) being left unattended at times during the day.

It is clear, however, that for the Region J Public Education Project for Emergency Medical Services, the advantages of being administered through the University Extension Division far outweighed the disadvantages of the office location. In truth, this arrangement contributed much to the success of the project and in many cases helped to provide lower costs than were budgeted for in the original grant, even though inflationary conditions existed during the period covered by the project.

SURVEY OF EDUCATIONAL NEEDS

Readers interested in the sampling methodology, survey instrument, estimators of confidence limits on the percentage estimates, and the findings and analysis of the initial survey are referred to the Initial Survey Report.[1]

To design an educational program which builds upon already existent information and does not duplicate information familiar to the population, it was necessary to determine what the population knew about Emergency Medical Services at the beginning of the project. This was one of the goals of the initial survey. Furthermore, the results of the survey were to provide a benchmark concerning the level of awareness and knowledge held by the citizens of Region J about their Emergency Medical Services system. The initial survey enabled the project staff to design the various educational activities with appropriate materials based on identified needs. In conjunction with a second survey, conducted when the project was completed, the initial survey enabled the staff to determine if the project and the activities had the desired impact on the citizens of the region.

---

[1]Hugh Huff and Norma Caltagirone, Initial Survey Report, a report of the survey taken in 1975 of the citizens of North Carolina's Region J by the Region J Public Education Project for Emergency Medical Services. Copies of this report can be obtained from the Region J EMS Coordinator, c/o Triangle J Council of Governments, P. O. Box 12276, Research Triangle Park, N.C. 27709.

Prior to the execution of the initial survey, any information about the levels of awareness and information possessed by the citizens of Region J was based mainly upon conjecture and isolated instances. The initial survey, therefore, provided a concrete basis for talking about the awareness of the Emergency Medical Services system which, because of the nature of the sampling procedure, could be generalized to all the citizens of Region J. This then was the conceptual need and the potential uses that the initial survey would satisfy.

Intellectually and theoretically this seemed like a very sound approach; practically, however, it caused some problems. As Brooks points out in speaking of the causes of disaster in a project, "First, our techniques of estimating are poorly developed. More seriously, they reflect an unvoiced assumption which is quite untrue, i.e., that all will go well."[2] The original estimate for the time of the survey was from mid-August until the end of September, 1975; this proved to be impracticably short. As discussed in the Initial Survey Report,[3] some of the rescue squads did not get the survey materials until the end of October.

---

[2]Frederick P. Brooks, Jr. The Mythical Man-Month: Essays on Software Engineering, (Philippines: Addison-Wesley Publishing Company, Inc., 1975), p. 14.

[3]Huff and Caltagirone, op. cit., p. 7

Regardless of the complexity of the interview schedule, it would appear that when working with a volunteer interview force, the time necessary for completion of the survey is greatly extended as compared to what it would be if one were working with paid professional interviewers. In summary, then, rather than taking the estimated six weeks for the completion of the survey, it actually took slightly longer than four months. However, it must still be emphasized that the original effort and conceptualization provided the project and the planners in Region J with a representative sample and survey of the awareness of the citizens about Emergency Medical Services rather than with a group of opinions based mainly upon conjecture. It is valuable to note, however, that the consensus based on this conjecture was very similar to the actual results of the initial survey.

A copy of the initial survey questionnaire is included as Appendix B to this report.

## DETERMINING EDUCATIONAL OBJECTIVES

The next step in systematically designing a public education project for Emergency Medical Services was to use the analysis of the data from the initial survey to determine which areas of awareness and information were most lacking and then to prioritize these in order to establish the objectives that would be worked towards in the project. From the analysis of the initial survey data, it was clear that one of the first educational tasks to be undertaken was to create an awareness throughout the region that an excellent Emergency Medical Services system does exist. Secondly, it was necessary to inform the public that the EMS system is more than just a transport means, but has a full range of treatment capability as well. Next, it was necessary to inform the public how to access the system, or in some cases, let them know how to find out the proper way to gain access to the system in their area so that they could put the system into action in an efficient manner. The Project Staff then felt that information about what constitutes an emergency situation should be dealt with to help enable the public to make appropriate decisions as to when to call on the Emergency Medical Services system. Finally, once someone has identified a life-threatening situation, he must be able to give all of the necessary information to the person responding to the emergency call.

Another goal, then, was to develop materials for a variety of methods to satisfy these objectives and to inform the public.

While it may be argued that the project seemed to have modest objectives, their satisfaction is necessary to the most efficient use of the Emergency Medical Services system. The available literature on EMS research and several pieces of correspondence which have come to the Project Office suggest that the scope of many public information projects tends to be very broad and, while being all things to all people, fails to get a message to anyone. It is felt that this project, by concentrating its efforts on the basic objectives as listed above, has maximized its impact on the public.

METHODS AND MEANS FOR EDUCATIONAL ACTIVITIES

The methods and means for the educational activities can be broken down into two areas: 1) those which used the mass media of television and radio and did not require participation from a local level and, 2) those which were local in nature and required the participation of the rescue squads or ambulance service and/or the local community organization for successful delivery. Each area will be considered separately, as follows.

Mass Media

In dealing with the mass mediums of radio and television, several considerations were kept in mind. First, both of these media are very powerful in the numbers of individuals that they reach. Second, when talking about Emergency Medical Services, the areas reached through radio and television encompass geographic locations served by many different providers; therefore, the messages to be used had to be general in nature. Purchase of commercial time for the EMS message was judged too costly for the Public Education Project, even though it has the advantage of permitting the scheduling of the message at the times deemed to be most beneficial. Fortunately, the licensing agreements which permit the various stations to be on the air also provide that a certain proportion of the air time be devoted to the airing of Public Service Announcements and programs. This then was the method by which the Public Education Project utilized the mass media.

Additionally, two other mass mediums were or are expected to be utilized. Bus companies in many cases offer space inside their buses for the display of public service announcements. Since three cities in the region have bus systems, three separate sets of 11" by 18" bus cards[4] were produced with the emergency phone numbers on each set for the cities of Chapel Hill, Durham, and Raleigh, respectively. During the first week in May 1976, the cities of Chapel Hill and Durham installed two of these cards in each of their buses; however, the city of Raleigh, which recently took control of the previously private bus system, informed the Project Office that no advertising of any sort would be permitted inside the buses. Therefore, as an alternative to using the cards in the buses in Raleigh, they were given to those squads in Wake County for which the 829-1911 number was applicable, for distribution and display.

Outdoor advertising companies often offer space and set up billboards on a public service basis. The Lamar Dean Outdoor Advertising Company requires the user to pay to have the billboard printed, but displays it without cost on a space available basis only, with the guarantee that once put up, the billboard will remain displayed for at least one month. After talking with Mr. Bogle, the general manager of Lamar Dean, the project staff designed a billboard and fifteen (15) copies were produced with

---

[4]Due to the bulkiness of these materials, copies are not included with this report. However, copies are in the custody of the State Office of Emergency Medical Services in Raleigh and the Region J Emergency Medical Services Council.

the space for the phone number to call for Emergency Medical Services being left blank. Mr. Bogle assured the staff that his resident artists would neatly paint in the appropriate phone number when the location for the billboard was determined. Because 1976 is an election year, space is at a premium. Even though the project ended during the summer of 1976, arrangements were made to ensure that the 30-sheet posters already produced would be used after the November elections, when space becomes available.

Radio

During the first two weeks of January, the project staff made visits to all of the radio and television stations in Region J for the purpose of distributing spot announcements to be used as Public Service Announcements. The first set was designed to inform the public that Emergency Medical Technicians and an Emergency Medical Services System do exist, how to find their emergency phone number, and when to call. Copies of the first set of PSA's are included as Part 1, Appendix C to this report. Almost all of the radio stations agreed to run the announcements as part of their public service function. Additionally, many of the stations informed the staff about longer public service programs that are aired and expressed the desire to have an EMS representative on these programs. A list of lead questions with suggested answers was prepared by the Project Office. A copy of those questions and answers, along with a schedule of radio station talk shows and the EMS representative who appeared on them, are included as Appendix D. It should be pointed out here

that the feedback received from the station managers or program directors indicated that it was indeed beneficial to take the time to establish direct personal contact when distributing public service announcements. This is especially true when dealing with a continuing series of announcements such as the series distributed by the project and when future sets will follow. The radio personnel indicated that most stations are inundated with Public Service Announcements and that a personal contact with the individuals directly responsible for airing the PSA's (rather than just a receptionist, though she, at times, is the one responsible) will give the announcement a much better chance of being aired. Media representatives seem to be more receptive to PSA's when project personnel delivered them personally and explained the concepts and reasons behind the project and the announcements.

In mid April, a second set of radio spot announcements was prepared and distributed to all the radio stations in Region J. Copies of these spots are included as Appendix C, Part 2. The major thrusts of these were: 1) to introduce people in a particular locality to the county coordinator for EMS public education, and to give a phone number so that interested groups could call the coordinator in order to schedule presentations about EMS; and 2) to inform people in a particular locality of their emergency phone number for EMS.

As soon as the telephone stickers with the emergency phone numbers were available and a second press run of the preparedness cards was completed, a third set of PSA's was sent to the radio

stations. These are included as Appendix C, Part 3. The thrust of these announcements is to encourage citizens to visit their community rescue squad or ambulance service and pick up copies of the telephone stickers and the preparedness cards.

Television

In talking with the personnel at the television stations in Region J, the project staff found that the competition for TV air time is even greater than on radio. The spot announcements which were good for radio, even with visual augmentation from slides, would have been rather static on television. Therefore, the staff prepared a series of PSA's specifically designed for television. Three 16mm film announcements of 10 seconds, 20 seconds, and 60 seconds in length were produced.[5] These prints were distributed to all three of the commercial stations in the region--WTVD, WRAL, and WRDU; additionally, copies have been presented to the WUNC television network. The director of public service announcements at WUNC assured the Project Coordinator that the PSA's would be aired on a statewide basis. The message is general enough so that all of the regions in the state will benefit from these commercials. WTVD in Durham added the emergency phone numbers to be called in Durham, Chapel Hill, and Raleigh

---

[5]Due to the special nature of 16mm film announcements, copies are not included in this report. However, copies of these materials are in the custody of the State Office of Emergency Medical Services in Raleigh and the Region J Emergency Medical Services Council.

when the commercials were aired by that station. WRAL produced its own set of PSA's about EMS using their Director of Public Service, Charlie Gaddy, as the announcer who gave, in variations of the spot, all the emergency phone numbers for Region J. In Selma, North Carolina, the cable television station ran a border around their picture which gave the emergency phone numbers for Johnston County. It was reported in May that this border was running 12 times a day on cable vision channels 8 and 12. An additional version of Public Service Announcements was prepared and used on the "time and temperature" channel of the cable vision station in Wake County. Examples of these are included as Appendix C, Part 4.

Two longer television projects were also undertaken. With the assistance of Lee Gupton, the Public Education Coordinator for Wake County, WRAL-TV produced a five part Mini-Doc-5 series on Emergency Medical Services which was shown the week of May 17th through May 21st, 1976 on the 6:00 p.m. news. Secondly, a 30-minute public affairs program entitled "Dimensions 5" was devoted to the topic of Emergency Medical Services. Charlie Gaddy from WRAL was the moderator for this program. The program began with the presentation of the slide/tape show by the Project Office and the remaining 21 minutes was devoted to a panel discussion about EMS. Panel members were Charles Speed, Director of the State Office of Emergency Medical Services, Mary Davison,

Head Emergency Room Nurse at N.C. Memorial Hospital, and a member of the Orange County Rescue Squad, and Lew Garrett, Head of the Durham County Red Cross. Cassette video tapes of both of these programs are available through the Region J Emergency Medical Services Committee.

## COMMUNITY PARTICIPATION AND ORGANIZATION

Project planners believed that the success of a large portion of the project would depend upon the organization at a county level. Input from the county and local levels would be necessary in order to identify the organizations and individuals within a community who were influential and willing to give their time to make presentations and to further the EMS education program on a local level. Strong evidence suggests that one of the best methods of disseminating information is in a one-to-one discussion with someone you know. Therefore, a strong organization at the county level was needed to make the materials developed by the project work effectively and efficiently.

To help with the development of these county organizations, a meeting with the county coordinators was held in the Project Office on December 10, 1975. The purpose of the meeting was to discuss the coordinators' role in establishing these county organizations and for the Region J Public Education Committee to give some direction to their establishment. The handout which is attached as Appendix E to this report was distributed and discussed at the meeting. A reporting system for group presentations was established and the report form which is attached to the handout (See Appendix E) was discussed. Copies of this form were distributed to the coordinators in the six counties.

It was pointed out at the meeting that presentations were one of the prime considerations in determining the project's success in getting the information to the people at a local level. The coordinators were encouraged to start gathering their cadre of presenters and to begin establishing their committees or strengthening the already existent committees immediately.

The project experienced a greatly varied success rate in attempting to help the counties develop organizations for the promotion of information about Emergency Medical Services. Three counties seemed to follow the general guidelines set forth in an enthusiastic manner, whether in establishing a new cadre of presenters or in strengthening an already existing county organization. The success was not nearly as notable in the other three counties. It would appear that the role of the county coordinator is a crucial one in that the individual assuming that role must have sufficient time to use organization skill in developing the organization at a county level. It is clear that if some kind of county organization did not already exist, the amount of time necessary for its organization would be considerably greater than if such an organization were already operational. Orange County seemed to have a strong cadre of presenters who were able to motivate the squads and have them actively seek out and make presentations to the local community and the schools. Although slow to start, Johnston County had a change to more effective

leadership and made a concentrated effort at public presentations. Durham County used the personnel from the Ambulance Service Division of the Durham County Hospital Corporation to make the bulk of its presentations with the Parkwood Rescue Squad also contributing. In Lee County there was no indication that more than one presenter was involved. In Chatham County, the county coordinator made all of the reported presentations. In Wake County, communication between squads and the county coordinator, as well as between the squads themselves, did not appear to be at a high level. In talking with squad members, the project staff found that a number of presentations were being made by all the squads but a reporting mechanism had not been firmly established. Steps were taken to help accelerate the development of a reporting system but it was not overly successful.

The following table of presentations is displayed with the caveat that this was the best information available to the Project Office at the end of the project and it is highly likely that a larger number of presentations had been made, but not reported.

It is important to note that the number of people in the audiences at the presentations listed varied greatly. The total audience for all the presentations reported was 109,030. Therefore, to look at it another way, if we consider the average audience to consist of 25 people, we have a total of 4361.2 presentations for the project.

Table 1

NUMBER OF PRESENTATIONS BY COUNTY

| County or Agency | Number of Presentations Reported | Number of People in Audiences | Approximate Time Involved |
|---|---|---|---|
| Chatham County | 5 | 190 | 3 hours |
| Durham County | 38 | 3,006 | 32 hours |
| Johnston County | 113 | 29,942 | 379 hours |
| Lee County | 46 | 1,210 | 32 hours |
| Orange County | 105 | 3,797 | 109 hours |
| Wake County | 14 | 69,990 | 135 hours |
| P.E.P. Staff | 22 | 284 | 17 hours |
| Region J Coordinator | 24 | 611 | 12 hours |
| TOTALS: | 367 | 109,030 | 719 hours |

Even though the project staff emphasized that presentations could be made with already existent materials such as emergency equipment and/or rescue vehicles, the staff held the impression that, in many instances, when the squads knew that a ready-made presentation in the form of a slide/tape show would be available, they waited until they had it before beginning to make presentations. Moreover, even after some squads received the slide/tape show, the inconvenience of having to vie with other squads in the county for the equipment necessary to show the presentation, resulted in the extremely limited use of the project's package initially. Slide/tape presentations, presumably, will be increasingly used at all local levels, since the necessary equipment has been delivered to each individual squad.

DESIGN AND PRODUCTION OF EDUCATIONAL MATERIALS

The results of the initial survey made clear that the public needed to be informed about the existence of an Emergency Medical Services System within their locality, how to access the system, and when to call upon it, i.e., what constitutes a life-threatening situation. With these objectives in mind, the following materials were conceptualized, designed, produced, and disseminated to the rescue squads and ambulance services for futher use.

Print Materials

1. A brochure entitled "E.M.T.'s Could Save YOUR Life!" was produced and distributed. Two press runs of this brochure were made for a total of 40,000 brochures and a total cost of $1,195.20 or 2.9¢ per brochure. This brochure dealt mainly with the topic of "when to call" the rescue squad or ambulance service and visually presented seven life-threatening situations. Additionally, there is a space on the back of the brochure for the rescue squad or ambulance service to print or stamp its name and the emergency phone number for the particular community in which the brochure is being distributed. (See Part 1, Appendix F )

2. A brochure entitled "Emergency Medical Services: Your Best Help in a Medical Emergency" was produced and distributed. Two press runs of this brochure were made for a total of 55,000 copies and a total cost of $1,866.91 or 3.4¢ per brochure. This is a more extensive publication which uses a question and answer

format to deal with the Emergency Medical Services System and describe it to the audience. It has also been designed to have the local squad or ambulance service imprint its number on the back page for reference by the audience. (See Part 2, Appendix F.)

3. A preparedness card was produced which points to tasks an individual can accomplish to ensure that this home is prepared in case of an emergency and also points up the need to be aware while driving. Additionally, the bottom portion of the card is perforated and is designed to be detached, folded and placed inside of a wallet or purse. The bottom portion offers a check-list which gives a step-by-step procedure for dealing with an emergency in the home, or, on the occasion that an individual is the first to arrive at the scene of an accident on the high-way, or is himself involved in an accident on the highway. On the back of the wallet card are listed all of the emergency phone numbers in Region J. The user is encouraged to circle those numbers that apply to his place of work, residence, and recreation. Two press runs for a total of 60,000 copies of this brochure were made at a cost of $1,435.15 or 2.4¢ per card. (See Part 3, Appendix F.)

4. A set of large (16" by 24") posters was designed and produced for use by squads to publicize their local phone numbers. The posters were printed with the phone number portion blank and were given to the rescue squads or ambulance services to be

filled in and distributed.[6]

5. As mentioned in the preceding Mass Media section, three separate sets of 11" by 18" bus cards were designed and produced for the cities of Chapel Hill, Raleigh, and Durham. Additionally, a second printing was made with the phone number portion left blank, to be filled in by the local rescue squad or ambulance service. This is in response to a need expressed by several rescue squads for a small poster to be displayed in local businesses. A total of 800 bus cards/posters were printed at a cost of $216.75 for a cost per poster of 27¢ each.

6. The cost of producing 15 posters for use as billboards was $278.12 for a cost of approximately $18.54 each.

7. A telephone sticker was designed and camera-ready art work prepared for use by the printer. Due to the cost for such a large number of telephone stickers needed to cover the region (175,000), it was necessary to work through the State of N.C. Purchasing and Contract Department and let bids. The lowest bid was from Kimball Systems, giving a cost of $11.01 per thousand and a time frame of 35 days. An example of the sticker is included as Part 4 of Appendix F.

8. Lesson plans for use by teachers in grades kindergarten through third, fourth through sixth, and seventh through twelfth, were developed and the prototypes printed. Examples of these are included as Appendix G. An overhead transparency[7]

---

[6&7]Due to the bulkiness of these materials, copies are not available with this report. However, copies are in the custody of the Region J Emergency Medical Services Council.

was developed for use with the lesson plans as well as a coloring book. Additionally, the slide/tape presentations and the brochures and telephone stickers were used as supplementary materials with the lesson plans. These materials were not produced in quantities large enough to be distributed region-wide, however, the prototypes were turned over to the Region J Emergency Medical Services Council with the intent that their production and distribution will become a project for that Council.

Television and Radio

A complete discussion of the materials designed and produced for television and radio was given in the previous section on "Mass Media."

Slide/Tape Shows

1. A slide/tape presentation[8] originally done in Region H by the Heart Association was revitalized by the Project for use in Durham County. The revitalization involved photographing approximately 40 scenes to make the presentation identifiable at a local level. The presentation was designed to present the early warning signs of heart attack, to provide the number for access to the EMS system, and to describe briefly what the EMT's are prepared to do. The presentation deals with four case

---

[8]A copy of this slide/tape is available at Region J Emergency Medical Services Council.

studies of individuals who have had heart attacks and they describe the early warning signs which they experienced. The middle portion of the presentation shows how a rescue squad is dispatched to the scene of a cardiac incident and the steps that the EMT's go through to give the patient aid before they transport him to the hospital emergency room. This presentation is approximately 8 minutes long. Four copies of the slide/tape exist and are currently being shown in Durham County; two are being used by the Heart Association and two are being used by the Durham County EMS Public Education Coordinator. According to feedback received at the Project Office, the presentation has been well received.

2. Two slide presentations[9] that are synchronized by a tape have been produced. Both of these deal with the three basic objectives: (1) what is the EMS system; (2) how to access the system; and (3) when to put the system into action. Version "A" deals more with the equipment contained in the rescue vehicle and with how the system performs; the running time for this slide/tape show is approximately 9 minutes. Version "B" deals with the same basic elements but goes into greater depth on the meaning of "emergency" and follows the performance of the system through an actual emergency from the time an individual injures himself performing work around the house until he is in the care of the emergency room at the hospital.

---

[9]A copy of this slide/tape (both versions) is available at Region J Emergency Medical Services Council.

One master of each version of the slide/tape was produced and the applicable slides were duplicated. The project staff then went to each rescue squad or ambulance service in the region and took local shots to insert in the slide show so that, wherever practical, when "EMT's" or "rescue squad" are mentioned in the tape soundtrack, the local squad and local EMT's appear. Additionally, the emergency phone number, which appears four times in each slide show, was changed and made appropriate to each locality. This means that 25 custom shows of both versions "A" and "B" were produced for a total of 50 variants. These were put together and distributed to each of the squads and ambulance services within Region J.

The scripts of each version have been included as Appendix H of this report.

Shopping Center Display

During the week of March 19 to 26, 1976, North Hills Shopping Mall in Raleigh, N.C. sponsored a "Salute to Wake County and Raleigh." Lee Gupton, the Wake County Coordinator, contacted the Project Office for help in setting up a display. The Project Office made arrangements with Region G to obtain a mock-up of the inside of an emergency vehicle which was used as the EMS central display item at this shopping center. The mock-up was made of 3/4" plywood and was composed of rather large sections, making a truck or van necessary for transport of the display. The extreme weight and ill-fitting sections required a setting-up time of nearly four hours. Members of the Public Education

Committee and several rescue squads expressed a need for a display more portable in nature. The Project Office was able to locate a portable display unit with a quality that is professional in nature and in keeping with the image of Emergency Medical Services. A flexible model made by Exposystems was obtained and the display designed for the unit. The finished unit is approximately 12' by 10' with an optional 13' tower and a rear projection screen. This unit is in possession of the Region J Emergency Medical Services Council and is available to EMS organizations within the region.

Equipment

A cautious attitude was taken in equipment purchases. Unlike many other projects, the Public Education Project developed the software prior to equipment acquisition, thereby providing for a more efficient use of the allocations. Initially, the Project Office purchased one 16mm movie projector, one tape recorder/syncronizer, and one Kodak Carousel slide projector. Already existent materials were reviewed to see if materials could be found which would be consistent with the objectives of the project. Very few acceptable products were found. It was also discovered that most squads and coordinators were able to obtain a 16mm projector if necessary for a presentation. Therefore, after clearance from the state office, it was decided that since two customized slide/tape presentations existed for each rescue squad or ambulance service, the purchase of a slide projector

and a tape player/sync unit for each squad would constitute the most beneficial use of funds and consequently, the purchase of 5 additional 16mm projectors as called for in the original proposal was not contracted for.

This additional equipment purchase for each squad or ambulance service enabled them to show their slide/tape presentations at any time rather than having to wait for the one unit per county to be scheduled through the county's coordinator. A listing of the serial numbers, equipment types, and locations is included as Appendix I to this report. The title to the equipment for the squads was turned over to the county commissioners for the appropriate county at the request of the Triangle J Council of Governments. Additionally, the projector, tape recorder/sync unit, and tape player which had all been used by the Project Office, and the display unit, were transferred to the Triangle J Council of Governments.

EVALUATION AND ASSESSMENT

As with the Initial Survey Report, a separate report on the final survey was prepared. To conserve space in this overall project report, readers who are interested in the specific details and findings of the final survey are referred to the Final Survey Report.[10] A brief summary of that report will be included here.

As mentioned earlier (pp. 5-6), the initial survey actually took four months to complete. After examining the problems encountered in the implementation of the initial survey, the staff concluded that, by shortening the distribution chain of the questionnaires to the ultimate interviewer, the length of time necessary for the completion of the final survey could be shortened. To this end, the project staff delivered the questionnaires to each primary emergency care provider within the region. Additionally, a deadline for the completion of the survey was clearly stated to the providers. While the deadline was not met, it is still important to note that the time for the final survey, from the distribution of the questionnaires until a usable number of questionnaires (1018) were returned to the Project Office, was less than half of the time taken for the initial survey. It is also clear that in future efforts, if the distribution chain could

---

[10]Hugh Huff and Norma Caltagirone, Final Survey Report, a report of the survey taken in the summer of 1976 of the citizens of North Carolina's Region J by the Region J Public Education Project for Emergency Medical Services. Copies can be obtained from: Region J EMS Coordinator, c/o Triangle J Council of Governments, P. O. Box 12276, Research Triangle Park, N.C., 27709.

be shortened even further, i.e., by giving the questionnaire packets to the actual volunteers who were going to do the interviews, the time for completion could be decreased correspondingly.

Even though a portion of the interviews were done by paid personnel, the final survey, like the initial survey, was primarily a volunteer effort. In a volunteer effort such as this, a great deal of the credit for the success or failure of the task relies upon the motivation of the volunteers. It is to the credit of the rescue squads and ambulance services personnel that, in the majority of cases, they were motivated to complete the interviews despite the fact that the results might be of only casual interest for them. On a monetary basis, the cost of having a survey of this size done by professional interviewers would have been prohibitive. An additional advantage to cost effectives is that using EMS personnel as interviewers encouraged them to get to know the community citizens better and, perhaps more importantly, enabled the citizens of the local community to better meet their Emergency Medical Services system personnel.

A complete breakdown of the responses to the questionnaire is provided in the Final Survey Report.[11] A copy of the survey instrument is included as Appendix J to this report. The following narrative is intended as a summary of the project's effectiveness in reaching the citizens of Region J with information about Emergency Medical Services.

---

[11] Ibid., pp. 11-24.

Of the sample interviewed, 59.3% indicated that they had heard or seen something about Emergency Medical Services within the last six months. If applied to the population of Region J, this percentage indicates that approximately 302,914 citizens saw or heard at least one message about the Emergency Medical Services system within the last six months. The respondents who answered "yes" to this question were then asked where they had seen or heard the message. Table 2 indicates the percentage of the sample who mentioned a particular medium and the number of citizens in Region J indicated by that percentage is given.

The three brochures developed by the project were held up for the final question on the survey and the respondents were asked which of the brochures, if any, they had seen. It is noteworthy that the percentage increased in direct proportion to the time that the brochures had been available to the rescue squads and ambulance services for distribution. See Figure 2 later in this report for a depiction of the availability of these brochures. Table 3 indicates the percentage of the sample who said they had seen a particular brochure and the extension to the number of people within the population of Region J that percentage represents.

It is concluded in the Final Survey Report[12] that, because of the relatively short time of the availability of the brochures

---

[12] Ibid., pp. 30-34.

TABLE 2

Media Through Which People Indicated They Had Seen or Heard the EMS Message Within the Last Six Months

| Medium | Percentage Mentioning: | Number of People in Region J: |
|---|---|---|
| Television | 43.6% | 222,716 |
| Newspaper | 18.8% | 96,033 |
| Radio | 13.3% | 67,939 |
| Brochures | 9.1% | 46,484 |
| From my children | 8.1% | 41,887 |
| Group Presentations | 5.8% | 29,627 |
| Posters | 3.4% | 17,367 |
| Slide/Tape | 1.7% | 8,684 |
| Bus Cards | 0.5% | 2,554 |

TABLE 3

Exposure of Project's Brochures

| Brochure | Percentage of People Who Recognized It | Number of People in Region J |
|---|---|---|
| "E.M.T.'s Could Save YOUR Life!" | 18.6% | 95,012 |
| "Emergency Medical Services: Your Best Help in a Medical Emergency" | 15.5% | 79,176 |
| "Be Prepared" Cards | 13.5% | 68,960 |

for distribution by the service providers, what was measured in this final survey was the initial phase of a public education project. As time passes and the squads and county groups have more time to make presentations and distribute the brochures and telephone stickers, the percentages should increase. It is fair, even at this early phase of the project, to conclude that the design, production, and distribution of the variety of materials to the various media and organizations within the region did have an impact on the citizens of Region J and their awareness of the existence of an Emergency Medical Services system.

It is appropriate to discuss whether, through receiving this information, the citizens of Region J were able to gain additional knowledge about the Emergency Medical Services system. When asked to describe the Emergency Medical Services system to the interviewer, 7.7% more of the respondents in the final survey than in the initial survey mentioned "trained Emergency Medical Technicians" as a component of the system; 3.5% less respondents mentioned "transportation" as one of the components of the EMS system. The notion that highly trained EMT's who could save lives were an integral part of the EMS system was heavily stressed in almost all of the materials developed, and transportation was usually mentioned as an auxillary function, but not as the main purpose of the system.

When asked, "Who would you call in case of a medical emergency?", the response "rescue squad" decreased 0.8% in the final survey but the response "EMS system", which was not

mentioned on the initial survey, was given 5.8% of the time; on the same question, "private physician" was mentioned 5.5% fewer times and the response "family or friends" decreased slightly (0.4%). The results indicate that the idea of the Emergency Medical Services system as an integrated whole is emerging and that it is the group to call in a medical emergency.

In response to the question, "What do you think an emergency medical situation is?", there was an 18.4% increase in the number of times a life-threatening situation was given as an answer. Similarly, there was an 18.0% decrease in the number of times the respondent said [s]he didn't know. In the final survey, 85.7% of the respondents interviewed described life-threatening situations and only 10.3% indicated that they did not know. Since this area, i.e., what constitutes a real emergency, was almost completely the focus of the first brochure and was touched upon in the majority of the other materials produced, the conclusion that learning took place for a number of individuals seems valid.

In conclusion, the materials developed by the project, (to the extent that they were distributed by the EMS providers to the citizens of Region J), did provide for an informational base from which the citizens were able to learn more about their Emergency Medical Services system. Due to the timing of the survey, overlaid with the progress of the project in terms of distribution of materials, what appears to have been measured

in this final survey was, in fact, the beginning of a public education effort on the part of the rescue squads, ambulance services, and county organizations. In the mass media campaign, the materials developed for the mass media have been in use since their distribution by the Project Office, with the exception of the billboards which will be put into use after the November elections. The results of the survey indicate that, to a large extent, these efforts did reach the public, especially through the television messages. It is important to reiterate at this time that the project was designed to be continuous and should not terminate after the Project Office and the project per se have ceased to be. It is clear that a significant amount of public education was accomplished within the relatively short time span that was measured and it can be expected that the percentages obtained in the final survey were the beginnings of much higher marks which would be obtained if another survey were carried out at a later time. It is important to note that the gains experienced were in those areas of educational need which had been determined by the initial survey and hence the materials had been designed to meet them. It is also evident that the materials and the methods for providing the information to the citizens of Region J are working.

BUDGET

Listed below are the expenditures from August 1, 1975 through September 30, 1976.

| Category | Allocation with Revisions | Amount Expended | Surplus or Deficit |
|---|---|---|---|
| Personnel | $30,677.66 | $30,677.66 | $ 00.00 |
| Travel | $ 4,600.00 | $ 1,563.91 | $ 3,036.09 |
| Equipment* | $10,985.80 | $12,116.31 | $(1,130.51) |
| Supplies | $ 2,190.00 | $ 1,926.76 | $ 263.24 |
| Contractual Services* | $12,796.20 | $ 9,855.78 | $ 2,940.42 |
| Other* | | | |
| Printing | $ 9,887.34 | $ 7,463.13 | $ 2,424.21 |
| Postage | $ 530.00 | $ 113.46 | $ 416.54 |
| Telephone | $ 740.00 | $ 551.47 | $ 188.53 |
| Office | $ 2,800.00 | $ 2,800.00 | $ 00.00 |
| Misc. | $ 900.00 | $ 315.08 | $ 584.92 |
| TOTAL | $76,107.00 | $67,383.56 | $ 8,723.44 |

*For an itemized listing of expenses in asterisked categories, consult the supplement on the next page.

Budget Supplement

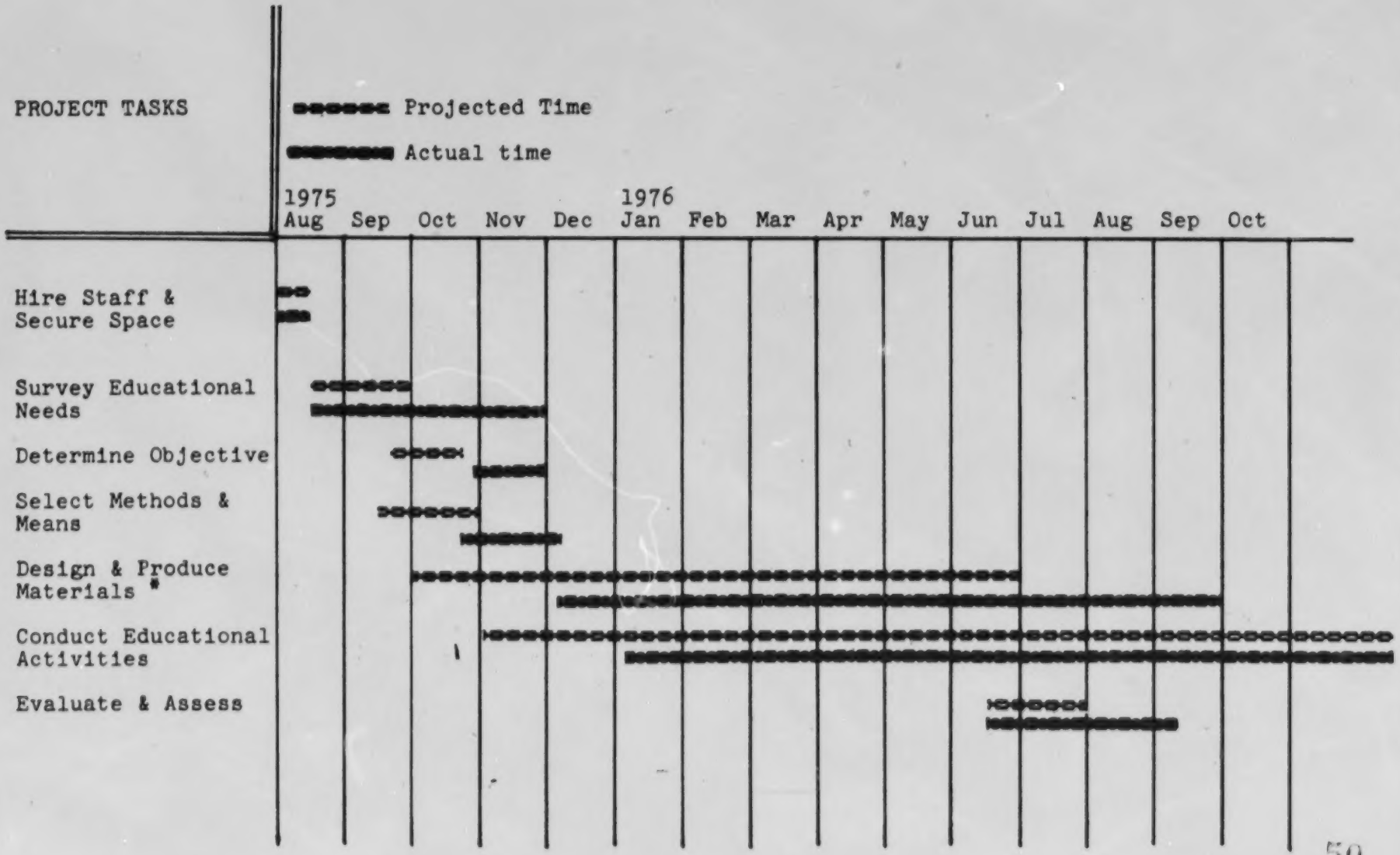
Below is an itemized listing of expenses in certain budget categories.

| | | |
|---|---|---|
| 1. | Equipment | |
| | Rentals: (From the UNC Extension Division) | |
| | 35mm camera (Honeywell Pentax) | $ 182.00 |
| | Copy Stand | 40.95 |
| | Typewriter (@ $25. per month) | 350.00 |
| | Sub-total | $ 572.00 |
| | Purchases: | |
| | 1 16mm Bell & Howell Projector | $ 426.40 |
| | 26 AF-2 Ektagraphic slide projectors | 5,551.78 |
| | 5 Hitachi AVA-1000 tape/sync. units | 615.10 |
| | 19 Tiffen 720 tape/sync. units | 2,312.44 |
| | 2 Audiomate Simplicity tape/sync. units | 247.52 |
| | 1 Hitachi 221 tape player with adapter | 27.46 |
| | Exposystems Display kit and materials | 2,362.66 |
| | Sub-total | $11,543.36 |
| | TOTAL | $12,116.31 |
| 2. | Contractual Services | |
| | Slide/tape production | $ 4,047.00 |
| | TV Commercials production & duplication | 2,051.00 |
| | Slide duplication | 574.55 |
| | Tape duplication | 188.81 |
| | Computer services | 721.07 |
| | Meisel Photo Lab | 154.85 |
| | Artist (for 1st brochure) | 72.50 |
| | Artist (for Exposystems Display) | 440.00 |
| | Second Survey salaried interviewers | 1,246.00 |
| | Miscellaneous | 360.00 |
| | TOTAL | $ 9,855.78 |
| 3. | Printing | |
| | Brochures: | |
| | "Emergency Medical Services..." (55,000) | $ 1,866.91 |
| | "EMT's Could Save YOUR Life!" (40,000) | 1,195.20 |
| | "Be Prepared" Cards (60,000) | 1,435.15 |
| | Bus Cards (400 without phone numbers & 400 with differing numbers) | 216.75 |
| | Survey Questionnaires | |
| | 1200 initial survey (with instructions) | 61.47 |
| | 1500 final survey | 88.62 |
| | Miscellaneous UNC Printing Dept. charges | 77.35 |
| | UNC Copy Center charges | 239.74 |
| | Billboards | 278.12 |
| | Telephone stickers | 2,003.82 |
| | TOTAL | $ 7,463.13 |

## DISCUSSION AND RECOMMENDATIONS

One year is an inadequate amount of time to complete a project of this scope. As can be seen in Figure 1, and as is discussed on pages 5 and 6 of this report, the Initial Survey required two months longer to complete than the time frame originally projected. Since a systematic approach was used in developing this educational project, it was necessary to complete certain of the tasks prior to undertaking others. The Initial Survey was one of the tasks that needed to be completed before going on. Therefore, the production of materials was delayed. This in turn postponed the educational activities. However, the start of the Final Survey could not be set forward due to the time frame of the entire Project and, as mentioned earlier, the measures obtained were actually for a two to four month program of public education rather than the projected six to nine month program. It is recommended that in the future, even taking into account the preparatory ground work completed by this Project, that a time frame of 18 to 24 months be allowed for a project of this scope.

As can be seen in Figure 2, time is an important consideration in the production of materials. The unique relationship with the University and its top quality printing operation, which was enjoyed by the Project, significantly reduced the production time for print materials in most cases. However, when dealing with the film media, both 16mm and 35mm, a lag time of two to three months between the end of the design phase




50

*See Figure 2 for a more detailed display of "Materials" item.

49

FIGURE 1

## MATERIALS DESIGN, PRODUCTION, AND DISTRIBUTION

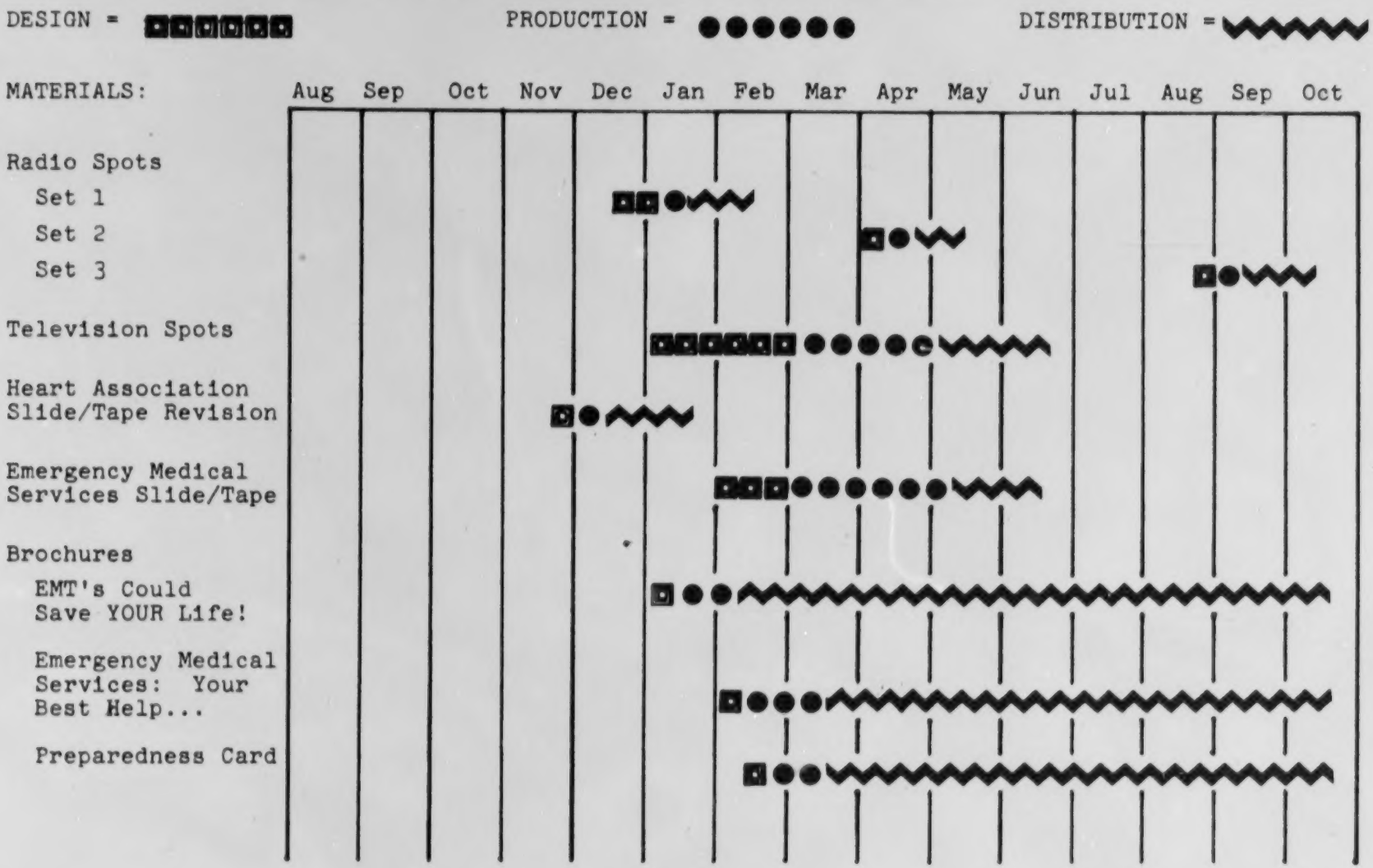
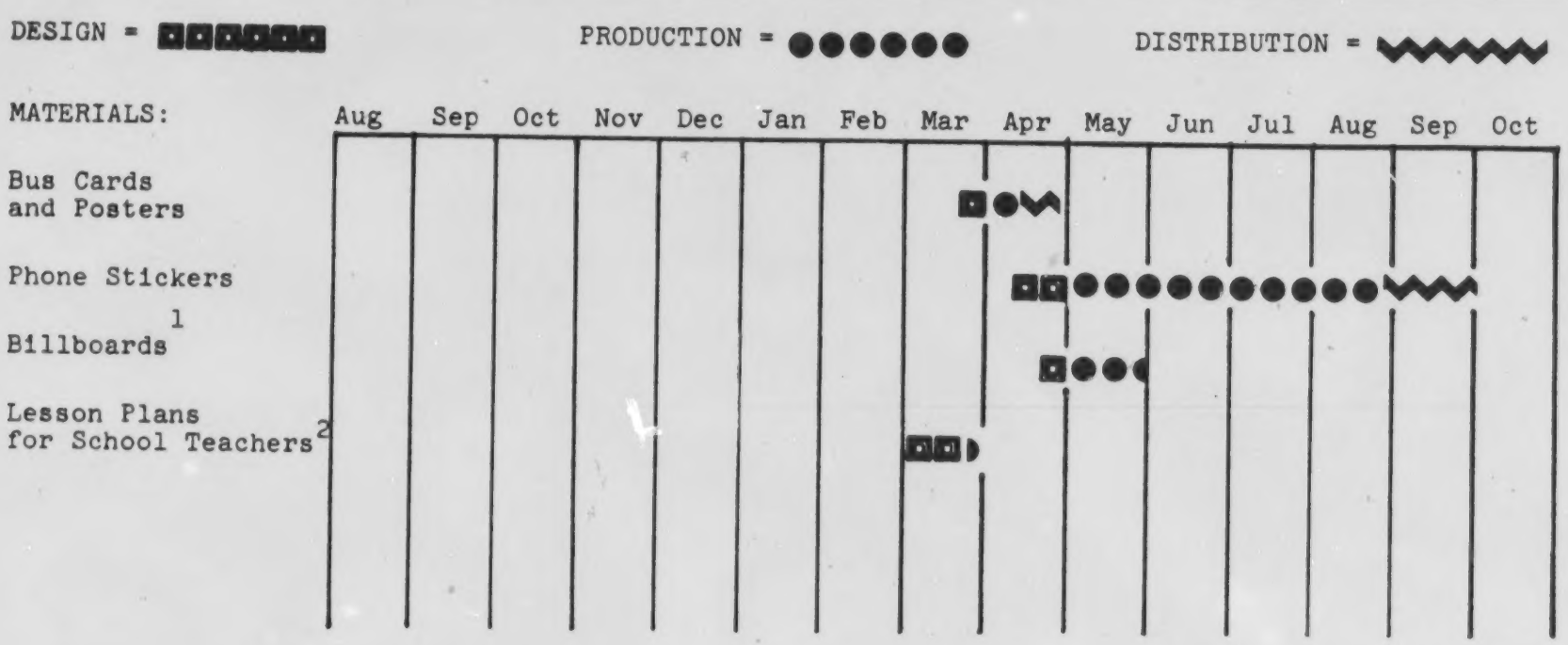



FIGURE 2

## MATERIALS DESIGN, PRODUCTION, AND DISTRIBUTION




[1]Due to a lack of public service billboard space during a presidential and governor election year, the billboards will be displayed when space becomes available in November 1976.

[2]The production of multiple copies and the distribution to the regional schools has been proposed as a project for the Region J Emergency Medical Services Council.





FIGURE 2 CONTINUED

and when the finished product was available, was experienced. There is no evidence to indicate that this was other than normal for this type of production and because of the extremely close working relationship between the producers and the Project Office, one can assume that this time was relatively short for the medium. The outstanding case for length of time in production is the case of the telephone stickers. Because of the volume of work to be completed (175,000 stickers), it was required that the Project Office go through the North Carolina State Office of Purchases and Contracts. The successful bidder was located in Chicago, Illinois. The time required, from the receipt of the camera-ready art work for the stickers, until the delivery of the finished product, was four months. The terms of the contract required a maximum of 15 days from the receipt of the art work for proofs to be returned to the Project Office, and then an additional 21 days for delivery of the final product for a total of 36 days. At the time that the Project Office noted that the proofs had not been delivered within the stated time frame, communication with the N.C. State Office of Purchasing and Contracts indicated that the only recourse was a procedure whereby the Project Office would obtain the camera-ready art work from the original contractor and send it to the next lowest bidder. When the job was completed, the difference in price would be billed to the original contractor.

While this may have punished the original contractor for default on its contract, it probably would have involved a lengthy litigation. Undoubtedly, it would have delayed the availability of the final stickers even further and therefore the project continued with the original contractor and suffered the delays. This discussion is included only as a caveat for others who may be involved in advertising for bids from firms who are too distant to deal with personally.

Similarly, the acquisition of equipment has time-consuming pitfalls, especially when dealing in quantities greater than five. Most suppliers tend to keep a limited inventory on hand and order from their suppliers only when they receive an order. This became a problem to the project when the order for 19 tape player/sync units was placed. It was necessary to winnow out the expensive units and those units that had gone out of production. Additionally, it was necessary to purchase from the supplier who had the state contract on that particular item. After the order was placed, it was discovered that the supplier to the dealer did not have a sufficient inventory to supply the project with 19 units and it was necessary to wait for a shipment from Japan for satisfaction of the purchase order. This took longer than four months. It is recommended, then, that the equipment orders be placed with a guaranteed delivery date whenever possible in order to ensure time arrival of equipment.

As described in the Final Survey Report,[13] a twelve month time frame was responsible for the ill timing of the evaluation and assessment phase of the total project. There was insufficient time available for the materials to be distributed to the providers and county organizations and to have them integrated into the various presentations. The project was designed in such a way that the presentations would continue after the official end of the project. All indications are that this is in fact the case and, as such, if the follow-up survey were to be taken in the spring of 1977, a better measure of the project's effectiveness would be obtained.

A significant portion of the time in this project was devoted to the assessment of the educational needs of the citizens of Region J and subsequently to the design of materials to be used with a variety of media. This is a time consuming task but a necessary one in a pilot project such as this. Most of the existent public education materials are heavily slanted toward first aid, CPR, and related medical topics. The emphasis of this project was on informing the public about the existence of an Emergency Medical Services system, how to access that system, and what constitutes a medical emergency so that the citizens would know when to call the system. If future projects have the same objectives and an EMS system similar to that of Region J in North Carolina, then the materials developed for this project

---

[13] Ibid., pp. 2-3.

can be used with little adaptation for those projects. This will result in a considerable savings in time and energy for other such projects and therefore can be considered a significant contribution of this project.

While this project successfully carried out its mission within the time frame provided, during the course of the project an area of need was discovered which was slighted due to lack of time. It was recognized early in the third quarter of the project and to a certain extent during the initial survey, that the various rescue squads and ambulance services needed to work with a person or office like the Project Office in order to develop materials for self promotion and fund raising events. Many of the squads recognize the need for materials and technical assistance in developing materials for their own use in resolving unique problems they experience in providing services. These needs range from photographic services and audio-visual design and programming, which may be lengthy in nature, to something as simple as consultation about particular pieces of equipment or advice on the conduct of educational activities or presentations, which takes only a small amount of time. It seems obvious to the Project Office that the best ambassadors to the public for Emergency Medical Services are the Emergency Medical Technicians (E.M.T.'s). The pride of the squad members in their training and the service they provide is clearly evident. It is recommended that in future projects of this sort, a specific segment

of time be set aside to deal individually with the various service providers in order to render technical assistance and consultation on the public information and education activities and to satisfy the unique needs of the squads.

Selection of personnel is crucial to the success of a project of public education which involves surveys, materials design and production, and the dissemination of information to a wide audience. It was fortunate that the personnel of this project had skills in computer programming, photography, design of materials, and editorial expertise, a rare if not unique combination. The different activities which fall under a project of this type must be carefully scrutinized when selecting the staff. In a project of this scope, two full-time people were mandatory, with the addition of part-time help and contractual help when needed. However, it is also necessary to keep in mind that the time available to the leader of the project for actual work related to the products of the project will decrease more or less geometrically with the addition of staff members. It is recommended then, that in future projects, the staff be kept small and full-time rather than to rely upon volunteer committees or part-time staff members. The quality of the project and the materials produced would suffer under the latter type arrangements.

As mentioned earlier in this section, additional time is necessary to relate to and individually help the various service providers. Similarly, additional time to be used in helping to develop county based Emergency Medical Services committees

or in helping to strengthen already existent organizations would greatly benefit the impact of a public education project. In the initial planning stages of this project, the assumption that a county organization existed in most counties or, that if one did not exist, it could be developed quickly, was fallacious. In a project of this type, a county organization should be considered necessary, especially if one or more surveys conducted by volunteers is part of the project design. It is therefore recommended that, in future projects, if county organizations do not exist, their organization should be the first phase of the project and the remainder of the project should have designed into it steps for strengthing that organization. The conduct of the Region J Public Education Project would have proceeded more efficiently had this been the case.

The two surveys which were conducted as a part of this Project were time-consuming but nonetheless important to the overall design of the project. The initial survey provided a benchmark regarding the level of knowledge of EMS within the region, and the second survey, albeit premature, provided a measure of the change in knowledge about Emergency Medical Services. The sampling procedure was efficient in that the sample selected was representative, as judged by the comparison with the demographic characteristics known to exist in the state as a whole. Even though the sampling procedure was not as "rigorous" as others, it seems to have provided an accurate measure. Other

regions in the state must decide whether or not to include pre- and post- surveys as a part of their public education efforts or to rely upon the survey data from Region J. Those decisions should be based upon the comparability of the demographic characteristics as well as the EMS system that exists in their region. It is recommended, however, that if an initial survey is undertaken, then to be consistent and to make the results of the project meaningful, a second survey should be taken at the end of the project.

While public education and information is one of the 15 mandatory components of EMS grants, it is not one that has received the attention that it warrants. This project has shown that a great need for this information exists for the citizens of Region J and, by extension, for the entire state of North Carolina. It is hoped that similar projects will begin in other regions within the state and that the materials and methods developed by this project will aid in the design of those projects and make their execution easier and more efficient. This project has had the effect of increasing the knowledge of the citizens concerning the Emergency Medical Services system, how to access it, and when to access it. It has also sensitized the various emergency care providers to the need and methods for public awareness and education. The use of a systematic approach for the design of the project and its implementation is a process which must be considered a success. This procedure

carries with it the means of evaluation of the project and the measures which indicate where it can be improved in the future. In both the demonstration of a systematic approach, and in the achievements in knowledge gain by the citizens through the project, it has been successful.

# APPENDIX A

## Resumés

Part 1: Donald F. Martin, Project Director

Part 2: W. Hugh Huff, Project Coordinator

Part 3: Norma Caltagirone, Administrative Assistant

# RESUME

Donald F. Martin
101 Warren Way, Route 4
Chapel Hill, NC 27514
Telephone: (Home) 929-7355
(Office) 933-1123

Height: 5'9"
Weight: 160
Age: 31
Married
Two Children

## Education:

B.S. Degree in Sociology, North Carolina A. and T. State University, Greensboro, North Carolina, 1969.

M.A. Degree in Urban Studies, The University of Akron, Akron, Ohio, 1971.

Doctor of Philosophy Degree in Education with Emphasis on Adult Education, The Ohio State University, Columbus, Ohio, 1973.

## Military Service:

U.S. Navy (June, 1964 to June, 1967)

## Work Experience:

Director, Office of Community Adult Education, The University of North Carolina, University Extension, June, 1974 to present.

Assistant Professor of Adult Education, The University of North Carolina, School of Education, July 1, 1973 to present.

Assistant Director of University Extension for Administration, The University of North Carolina, University Extension, July 1, 1973 to June, 1974.

Director of New Careers and Counseling Skills Program, The Ohio State University, Division of Continuing Education, September 1, 1971 to July, 1973.

Senior Consultant for Community Trainers, Inc., Columbus, Ohio, September 1, 1970 to August 31, 1971.

Resume - Donald F. Martin

Contract Specialist for the City Demonstration Agency, Akron, Ohio, September 1, 1970 to August 31, 1971.

Field Representative for the Akron, Ohio Urban League and Director of Placement at the Urban League's Wooster Avenue Branch Office, July 31, 1969 to August 31, 1970.

Publications

Articles:

Martin, D. F. "Our Changing World Economy", United States Congressional Record, (Statement presented to the House Committee on International Relations), Washington, D.C., April 10, 1975.

Martin, D.F. "Commitment To Life Long Learning For All Americans: Myth or Reality", The Spectator, (Missouri, Kansas City: University of Missouri, March, 1974).

Martin, D. F. "Adult Education: Implication for the Black Community", Adult Leadership, Volume 24, No. 8, (Washington, D.C.: Adult Education Association of the U.S.A., May 1976).

Books:

Martin, D. F., An Analysis of Role Perceptions of Adult Education in Model Cities, Columbus: The Ohio State University, 1973. (Dissertation)

Martin, D. F. and Clarence Blake, Quiz Book on Black America, Boston: Houghton Mifflin, 1975.

Martin, D. F., Adult Education In Urban Development, Manuscript in process, 1975.

Awards

Selected for outstanding services to the development of North Carolina A. and T. State University, 1969.

Awarded a Certificate of Appreciation for Volunteer Service to Mentally Retarded Children by the Greensboro N.C. Parks and Recreation Department, 1968.

Received the Outstanding Community Service Award from the Akron Model Neighborhood Commission, 1971.

Committee Membership:

University of North Carolina Educational Television Program Planning Committee (1974-1977).

Educational Subcommittee of the Emergency Medical Council of Orange and Chatham Counties, North Carolina, (1974- ).

Executive Board of the North Carolina Adult Education Assocaition, 1974-1975.

Governance Committee for the School of Education, University of North Carolina, (September, 1974 to May, 1975).

Advisory Committee for African/Afro-American Studies, University of North Carolina, (1974- ).

University of North Carolina Council on the development of youth in the field of music (1974- ).

Orange County Emergency Medical Services Council's Public Information and Education Committee, (1975- ).

Membership in Professional Organizations:

Phi Delta Kappa (Professional Education Fraternity)

Adult Education Association of the U.S.A.

Commission of Professors of Adult Education

Adult Education Association of North Carolina

National Urban League

References: Upon Request

# VITA

PERSONAL DATA:

W. HUGH HUFF
203 PUREFOY ROAD
CHAPEL HILL, N.C. 27514

TELEPHONE: (HOME) 919-929-3466
(OFFICE) 919-933-1140

SS# 359-34-7787

HEIGHT: 6'4"
WEIGHT: 185
DATE OF BIRTH: JANUARY 3, 1943
MARRIED
ONE CHILD

EDUCATION:

Doctor of Philosophy, Candidate, 1975, University of North Carolina, at Chapel Hill
Master of Education, 1973, Adult Education, University of North Carolina, at Chapel Hill
Bachelor of Science, 1965, Journalism, Northwestern University

MILITARY SERVICE

U.S. Navy, Officer, (December 1965 to May 1970)

TRAVEL

Self-financed travel around the world with visits to 31 countries and work experience in Australia

WORK EXPERIENCE

Research Assistant, extension division, UNC, 1973-present

Computer Coordinator, Extension Division, UNC, 1974-present

Senior Evaluator, Econo College, Prison System of North Carolina, 1974-present

Assistant Editor of Adult Education journal, Fall 1974

Internship with Extension Division, UNC 1972-1973

Assistant foreman for Country View Estates, Naperville, Illinois. Scheduled materials, four carpenter crews and sub-contractors for up to 30 housing starts. 1971

Operations Officer, Naval Oceanographic Facility, Nantucket, Mass.
1969-1970

Cryptographer, U.S. Navy, Danang, Vietnam, 1968-1969

Communications Officer, USS Yorktown (CVS-10) Homeport: Long Beach, Calif.
1966-1967

Promotional Liaison Operative, Product Specialties (Private Label Division of Sunbeam Corporation). Prepared point of purchase product pieces and insured their production and distribution nationwide.
1965

Director of Field Interviewing teams, Supervised Research Associates,
1964-1965

Freelance Photographer 1962-1963

CONSULTANTSHIPS

Population Program Evaluation, Worldwide, for World Neighbors, Oklahoma City, Oklahoma, Current

Evaluation of Programmed Instruction for Environmental Protection Agency's Basic Statistical Program, October 1974

Analysis Consultant for Frank Porter Graham Child Development Center on N.C. Learning Disabilities Study, June 1974

N.C. Social Studies Value Survey of third graders, May 1973

COMMITTEE MEMBERSHIP

Staff Coordinator, Committee for Non-Traditional Study, UNC Extension Division

Curriculum Revision Committee, School of Education, UNC, Adult and Higher Education program area.

Orange County Emergency Medical Services Council's Public Information and Educational Committee

Interagency Group for Instructional Television Utilization in North Carolina

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Phi Delta Kappa (Professional Education Fraternity)

Adult Education Association of America

Adult Education Research Conferee

COURSES TAUGHT

EDCI 111A Instructional Television Utilization, Fall 1974

EDCI 265 Principles and Practices of College Teaching, Spring 1975

REFERENCES

Upon Request

NORMA T. CALTAGIRONE

## Personal Data

| | |
|---|---|
| Home Address: | 2834 Mayview Road, Raleigh, N.C. 27607 |
| Telephone: | 919--821-7363 (home) 919--933-1107 (office) |
| Date of Birth: | May 27, 1948 (in Tampa, Florida) |
| Marital Status: | Husband, Sam A. Caltagirone, is a graduate student (School of Design, North Carolina State University) |
| | One child, Carla Caltagirone |

## Education

| | |
|---|---|
| Graduate: | North Carolina State University, Raleigh, N.C. (part-time work towards Masters in Guidance and Personnel Services began Fall, 1974) |
| Undergraduate: | The University of South Florida, Tampa, Fla. (B.A. in English granted March, 1970) |
| Secondary: | Thomas Jefferson High School, Tampa, Fla. (graduated "with honors" June, 1966) |

## Work Experience

| | |
|---|---|
| July, 1973-Present | The Evening College, University of North Carolina, Chapel Hil |
| | Editorial Assistant for Adult Education, a Journal of Research and Theory in the Field of Adult Education (Dwight Rhyne, Editor and Director of Evening College); |
| | Academic adviser to Evening College students; |
| | Departmental Payroll and Personnel Representative; and |
| | Other duties of administrative-secretarial nature. |
| March, 1970-July, 1973 | English Department, University of North Carolina, Chapel Hil |
| | Secretary to the Chairman of the Program for English Majors (George S. Lensing, Associate Professor of English) |
| | Correspondence secretary for two scholarly journals. |
| June, 1966-March, 1970 | The Credit Bureau of Greater Tampa, Tampa, Florida |
| | Part-time telephone operator through college years (Ms. Marion Boss, Manager). |

## References

Dr. Dwight C. Rhyne
Director, The Evening College
Associate Director, Extension Division
University of North Carolina at Chapel Hill

Others available upon request.

# APPENDIX B

## Initial Survey

Part 1: Instructions to Interviewers

Part 2: Questionnaire

PUBLIC EDUCATION PROJECT
EMERGENCY MEDICAL SERVICES
UNIVERSITY EXTENSION DIVISION ANNEX
BUILDING 3, CHYDARU, OLD MASON FARM RD.
CHAPEL HILL, NORTH CAROLINA 27514 PHONE: (919) 933-2360



# REGION J SURVEY
## INSTRUCTIONS TO INTERVIEWERS

We wish, first of all, to thank you for agreeing to administer our questionnaires. In this way, you are helping us to improve the Emergency Medical Services not only in Region J, but in the entire state of North Carolina.

It is very important, in keeping within our one-year time frame for the project, that these interviews be returned to us promptly. But it is also important that they be done correctly. So please give us just a few more minutes of your time now and read the following instructions:

1. Follow the attached small slip of directions to find your starting point. However, if this exact point is undergoing urban renewal or for some other reason no longer exists, stay in the general vicinity, but find another starting point and record it for our information.

2. If no one is home or if the respondent refuses to participate in the survey, or even if he begins it but refuses to continue to finish, go to another house. Please go to as many houses as is necessary in order to obtain completed questionnaires. It is important that we get back the exact number of interviews noted per starting point.

Try to obtain your responses from an equal number of males and females. For example, if a male answers your questions at one house and if at the next house you have a choice of speaking to a male or a female, choose the female. DO NOT TALK TO BOTH SIMULTANEOUSLY.

3. Please use a pencil to circle the number that corresponds to the way in which the person responds. Do not let the person read and mark the answers on the form himself and DO NOT PROMPT HIM IN ANY WAY.

4. If you are connected with a rescue squad or an organization that would have a uniform or ensignia, please wear it. This will help give the home residents confidence in the validity of our survey.

5. Lastly, if you have any questions, please call our office COLLECT and we will be glad to answer them.

Again, thank you for aiding us in this project.

# REGION J
# PUBLIC EDUCATION PROJECT
# EMERGENCY MEDICAL SERVICES
# SURVEY

The purpose of the survey is to assess the public education needs in Region J relative to the public's knowledge of emergency medical services. Specifically, the objective is to learn to what extent the public has accurate knowledge of the following:

1. What emergency medical service is.
2. What services are available.
3. How to gain access to the emergency medical system.
4. The conditions for emergency medical service, i.e. whether or not recipients of the service must pay for it or be a member of a particular organization.

The survey will provide the data base for the development of the public education program and for its evaluation after completion.

**INSTRUCTIONS**

In the questionnaire, notes or instructions to interviewers appear in CAPITAL LETTERS. The questions themselves, which interviewers should quote verbatim, appear in regular type—Upper and Lower Case Letters. The coded items or answers appear in *Italics*. Interviewers should circle the coded number or fill in the blanks, but should never read the italicized items to the interviewees.

# REGION J
# PUBLIC EDUCATION PROJECT
# EMERGENCY MEDICAL SERVICES

# SURVEY

**PART I**

INTRODUCE YOURSELF

Good evening, my name is_____. I am working as a volunteer with the Region J Emergency Medical Service Council. We are conducting a survey to discover how much is known about emergency medical services in this area.

The results will help the council to improve emergency medical care and for this reason, I would appreciate your help in answering a few questions about emergency medical services.

**PART II**

OBTAIN BACKGROUND INFORMATION

FOR THE FOLLOWING 4 ITEMS, MARK ITEM FROM YOUR OBSERVATION, DO NOT ASK.

| | | | |
|---|---|---|---|
| A. | Race: | *White* | 1 |
| | | *Black* | 2 |
| | | *Other* | 3 |
| B. | Sex: | *Male* | 1 |
| | | *Female* | 2 |
| C. | County: | *Chatham* | 1 |
| | | *Durham* | 2 |
| | | *Johnston* | 3 |
| | | *Lee* | 4 |
| | | *Orange* | 5 |
| | | *Wake* | 6 |
| D. | Area: | *City* | 1 |
| | | *Rural-farm* | 2 |
| | | *Rural non-farm* | 3 |

E. What is your occupation? (LIST HERE) _____

F. In which age bracket are you? STATE THESE AGE BRACKETS:

| | |
|---|---|
| *Under 35* | 1 |
| *35 thru 50* | 2 |
| *Over 50* | 3 |

G. What is the highest level of schooling you have completed?

| | |
|---|---|
| *Elementary* | 1 |
| *Some high school* | 2 |
| *High school graduate* | 3 |
| *Some higher education* | 4 |
| *College graduate* | 5 |

**PART III: QUESTIONS ABOUT EMERGENCY MEDICAL SERVICES.**

1. Is there a telephone in your home?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |

IF RESPONDENT ANSWERS NO, ASK:

2. How far is the nearest phone that you have access to? (LIST DISTANCE IN MILES) _____

3. Have you ever heard about the emergency medical system for your county?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |

IF RESPONDENT ANSWERS YES, ASK:

4. Please tell me briefly what the emergency system does.

FOLLOWING ARE LISTED THE FIVE BASIC ELEMENTS OF AN EMERGENCY MEDICAL SYSTEM. CIRCLE THE NUMERAL OF THE ITEMS MENTIONED BY THE RESPONDENT. DO NOT PROMPT BY SUGGESTING ITEMS.

| | |
|---|---|
| *Transportation* | 1 |
| *Telecommunications* | 2 |
| *Trained Nurses & Physicians at Hospital* | 3 |
| *Trained Emergency Medical Technicians* | 4 |
| *Emergency Room at Hospital* | 5 |

THEN SAY:
Can you think of anything else?

5 Who provides emergency medical service to your community?

| | |
|---|---|
| *Any rescue squad* | 1 |
| *Any hospital* | 2 |
| *Other* | 3 |
| *Don't know* | 4 |

6. What is the name of the hospital with an emergency room closest to your home? _____

| | |
|---|---|
| *Don't know* | 3 |

7. How far is it from your home? LIST DISTANCE IN MILES

| | |
|---|---|
| *Less than 5 miles* | 1 |
| *5-10 miles* | 2 |
| *10 or more miles* | 3 |
| *Don't know* | 4 |

8. Who would you call in case of a medical emergency?

| | |
|---|---|
| *Rescue squad* | 1 |
| *Private physician* | 2 |
| *Police department* | 3 |
| *Hospital* | 4 |
| *Family or friends* | 5 |
| *Don't know or other* | 6 |

9. What is the telephone number you would call to get trained Emergency Medical Service? _____

| | |
|---|---|
| *Don't know* | 3 |

10. Do you keep the telephone number for Emergency Medical Service in a prominent place on or near your telephone?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |

IF YES, ASK:

Where is the number kept? _____

Please tell me what the number is. _____

IF PHONE NUMBER GIVEN IN 9 WAS INCORRECT OR IF 10 WAS ANSWERED NO, THEN ASK:

11. Would you please look in your telephone directory and find the number to call for emergency medical service and tell me what it is. _____

| | |
|---|---|
| *Can't find* | 3 |

12. Does everyone in your home, including any children over age 6, know how to call for emergency medical service?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |
| *Don't know* | 3 |

13. How long do you think it would take an emergency medical team to get to your home if you called them? _____

14. Have you and your family discussed what to do in case of a medical emergency?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |

15. Under what conditions would you take someone to the hospital emergency room yourself?

CIRCLE THE NUMERAL OF THE ITEMS WHICH THE RESPONDENT NAMES, BUT DO NOT PROMPT BY SUGGESTING THESE ITEMS.

| | |
|---|---|
| *When injury not severe, patient able to get into car* | 1 |
| *If injury too serious to wait* | 2 |
| *If can't get to phone or if phone is busy* | 3 |
| *Other or don't know* | 4 |

16. If you were to call for emergency medical service, what information do you think you should give to whomever answered the telephone?

CIRCLE THE NUMERAL OF THE ITEMS WHICH THE RESPONDENT NAMES, BUT DO NOT PROMPT BY SUGGESTING ITEMS.

| | |
|---|---|
| *Name of person calling* | 1 |
| *Telephone number you are at* | 2 |
| *Nature of emergency* | 3 |
| *Site of emergency* | 4 |
| *Directions to the site* | 5 |
| *Number of injured and condition* | 6 |
| *Any special circumstances that might constitute danger to the service provider or delay in response time* | 7 |
| *Don't know* | 8 |

17. If I were coming from _____ , (FILL IN WITH LOCATION OF PROVIDER'S BASE) please tell me how to get to your home.

DETERMINE IF DIRECTIONS ARE:

| | |
|---|---|
| *Clear* | 1 |
| *Unclear* | 2 |

18. Is there a charge for emergency medical service in your community?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |
| *Don't know* | 3 |

19. What do you think an emergency medical situation is?

_____

_____

_____

20. Suppose someone you did not know came to your home and told you that an ambulance was needed. What would you do?

CIRCLE THE NUMERAL OF THE ITEM MENTION BY THE RESPONDENT. DO NOT PROMPT BY SUGGESTING ITEMS.

| | |
|---|---|
| *Call for them* | 1 |
| *Let them into house to call* | 2 |
| *Depends on appearance and other things (day or night, alone or with someone)* | 3 |
| *Other* | 4 |

21. What do you see as the greatest emergency medical need in your community?

CIRCLE THE NUMERAL OF THE ITEMS MENTIONED BY THE RESPONDENT. DO NOT PROMPT BY SUGGESTING ITEMS.

| | |
|---|---|
| *More emergency equipment and money, i.e., ambulances, rescue vehicles* | 1 |
| *Closer hospitals & more doctors* | 2 |
| *More and/or better trained emergency personnel* | 3 |
| *Better publicity & education* | 4 |
| *Already adequate* | 5 |

THANK THE RESPONDENT.

Thank you for your time and help in answering these questions.

# APPENDIX C

## Public Service Announcements

Part 1: First Set Public Service Announcements for Radio

**PUBLIC EDUCATION PROJECT**
Emergency Medical Services
Physician, Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2361

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 10 SECONDS

IN AN EMERGENCY, EVERY SECOND COUNTS. RESCUE SQUADS AND AMBULANCE SERVICES PROVIDE THE FASTEST EMERGENCY MEDICAL CARE. BE PREPARED. LOOK IN YOUR PHONE BOOK FOR THEIR NUMBER TODAY.

ED

**PUBLIC EDUCATION PROJECT**
Emergency Medical Services
Chgdbaru, Old Manson Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2361

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 20 SECONDS

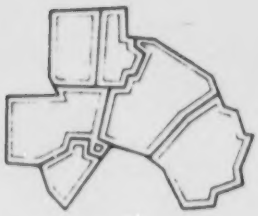
DO YOU KNOW WHAT TO DO IN A MEDICAL EMERGENCY?

THE ODDS ARE, SOONER OR LATER, YOU OR SOMEONE IN YOUR FAMILY WILL HAVE ONE.

YOUR RESCUE SQUAD OR AMBULANCE SERVICE IS THE BEST PLACE TO CALL IN A MEDICAL EMERGENCY. HIGHLY TRAINED EMERGENCY MEDICAL TECHNICIANS RESPOND IN MINUTES.

DON'T WAIT UNTIL AN EMERGENCY STRIKES. FIND OUT YOUR RESCUE SQUAD OR AMBULANCE SERVICE NUMBER TODAY.

81



**PUBLIC EDUCATION PROJECT**
Emergency Medical Services
Chydaru, Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 30 SECONDS

E.M.T.'S COULD SAVE YOUR LIFE! EMERGENCY MEDICAL TECHNICIANS ARE SPECIALLY TRAINED TO BRING EMERGENCY HELP TO SICK AND INJURED PEOPLE. E.M.T.'S WORK AS A TEAM WITH DOCTORS IN HOSPITALS TO AID VICTIMS WHO OTHERWISE MIGHT DIE BEFORE GETTING TO A HOSPITAL.

USE THE E.M.T.'S ONLY FOR REAL EMERGENCIES SUCH AS: HEART ATTACK, ACCIDENTS, UNCONSCIOUSNESS, GUNSHOT OR STABBING WOUNDS, DIFFICULT BREATHING, OR BLEEDING.

CALL YOUR RESCUE SQUAD OR AMBULANCE SERVICE IF THESE EMERGENCIES OCCUR.

Part 2: Second Set Public Service Announcements for Radio

**PUBLIC EDUCATION PROJECT**
Emergency Medical Services
Chydaru, Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2360

F O R  I M M E D I A T E  U S E

RADIO SPOT ANNOUNCEMENT

READING TIME - 10 SECONDS

TO SCHEDULE A PRESENTATION FOR YOUR GROUP ABOUT EMERGENCY MEDICAL SERVICES IN DURHAM, CALL MICKEY TEZAI AT 682-5641.
THAT'S 682-5641 FOR DURHAM EMS INFORMATION.

**PUBLIC EDUCATION PROJECT**
Emergency Medical Services
Chapel Hill, Old Mason Farm Road
Chapel Hill, North Carolina 27514

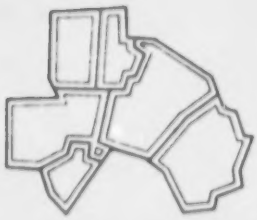
(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME -- 20 SECONDS

IN YOUR COMMUNITY, THERE IS A TEAM OF HIGHLY TRAINED PEOPLE WHO BRING YOU THE FASTEST MEDICAL CARE POSSIBLE IN A LIFE-THREATENING SITUATION. YOUR GROUP, CHURCH, OR CLUB MEMBERS SHOULD KNOW HOW TO BE PREPARED FOR MEDICAL EMERGENCIES. FOR MORE INFORMATION, CALL LEE GUPTON AT 787-1007. THE NUMBER AGAIN IS 787-1007.



**PUBLIC EDUCATION PROJECT**
Emergency Medical Services
Chydaru, Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2360

F O R  I M M E D I A T E  U S E

RADIO SPOT ANNOUNCEMENT

READING TIME - 30 SECONDS

WHEN SUDDEN ILLNESS OR INJURY STRIKES, EVERY SECOND COUNTS! THE EMERGENCY MEDICAL SERVICES SYSTEM PROVIDES THE FASTEST AND BEST EMERGENCY MEDICAL CARE POSSIBLE. EACH EMS VEHICLE CARRIES HIGHLY TRAINED EMERGENCY MEDICAL TECHNICIANS WHO GIVE ON-THE-SPOT CARE. THEY ARE IN CONSTANT TOUCH BY RADIO WITH EMERGENCY ROOM DOCTORS AND CONTINUE TREATMENT WHILE ON THE WAY TO THE HOSPITAL. PROTECT YOUR FAMILY. EVERYONE SHOULD KNOW HOW TO CALL FOR EMERGENCY HELP.

SAY ALTERNATELY: IN CHAPEL-HILL/CARRBORO, THE NUMBER IS 929-2121.

ALTERNATE: IN HILLSBOROUGH, THE NUMBER IS 732-2431.

ALTERNATE: IN DURHAM, SIMPLY DIAL 911.

**PUBLIC EDUCATION PROJECT**
Emergency Medical Services
Chydaru, Old Mason Farm Road
Chapel Hill, North Carolina 27514

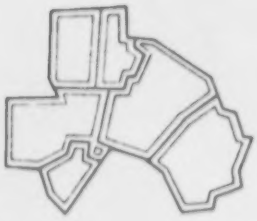
(919) 933-2360

F O R  I M M E D I A T E  U S E

RADIO SPOT ANNOUNCEMENT

READING TIME - 10 SECONDS

THE EMERGENCY MEDICAL SERVICES SYSTEM IN YOUR COMMUNITY COULD SAVE YOUR LIFE! YOUR CLUB, CHURCH, OR GROUP SHOULD FIND OUT ABOUT THIS SYSTEM. TO SCHEDULE A PRESENTATION IN RALEIGH, CALL LEE GUPTON AT 787-1007.



**PUBLIC EDUCATION PROJECT**
Emergency Medical Services
Chydaru, Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2360

F O R  I M M E D I A T E  U S E

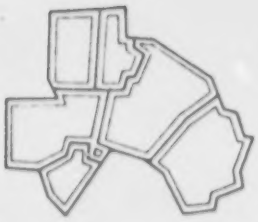
RADIO SPOT ANNOUNCEMENT

READING TIME: 20 SECONDS

YOUR EMERGENCY MEDICAL SERVICES TEAM COULD SAVE YOUR LIFE! TRAINED DISPATCHERS SEND RESCUE VEHICLES MANNED BY SKILLED EMERGENCY MEDICAL TECHNICIANS. EMT'S GIVE ON-THE-SPOT TREATMENT AND STAY IN TOUCH WITH EMERGENCY ROOM DOCTORS WHILE ON THE WAY TO THE HOSPITAL.

CALL 829-1911 TO PUT THE EMS TEAM INTO ACTION.

IN RALEIGH, THAT NUMBER IS 829-1911.



**PUBLIC EDUCATION PROJECT**
Emergency Medical Services
Chyclaru, Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2360

F O R  I M M E D I A T E  U S E

RADIO SPOT ANNOUNCEMENT

READING TIME -- 30 SECONDS

YOUR LIFE MAY DEPEND ON YOUR LOCAL EMERGENCY MEDICAL SERVICES TEAM. TRAINED DISPATCHERS SEND RESCUE VEHICLES WHICH ARE MANNED BY HIGHLY SKILLED EMERGENCY MEDICAL TECHNICIANS. EMT'S TREAT PATIENTS ON-THE-SPOT AND KEEP IN CONTACT WITH EMERGENCY ROOM DOCTORS WHILE ON THE WAY TO THE HOSPITAL.

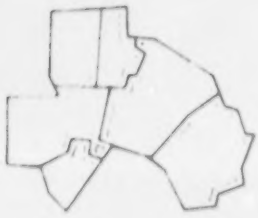
KEEP YOUR EMERGENCY NUMBER NEAR ALL PHONES.

IN CHAPEL HILL/CARRBORO, IT IS 929-2121.

ALTERNATE: IN HILLSBOROUGH, IT IS 732-2431.

ALTERNATE: IN DURHAM, IT IS 911.

## Part 3: Third Set Public Service Announcements for Radio



**PUBLIC EDUCATION PROJECT** -79-
Emergency Medical Services
Chapman Cabe Mason Farm Road
Chapel Hill North Carolina 27514

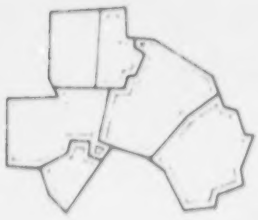
(919) 933-2361

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 10 SECONDS

YOUR RESCUE SQUAD HAS AN EMERGENCY PHONE STICKER AND AN EMERGENCY CHECKLIST FOR YOU. STOP BY YOUR RESCUE SQUAD'S BUILDING, PICK UP YOUR STICKERS, AND MEET THE PEOPLE WHO COULD SAVE YOUR LIFE.



**PUBLIC EDUCATION PROJECT** -80-
Emergency Medical Services
Chyclaru Old Mason Farm Road
Chapel Hill North Carolina 27514

(919) 933 2361

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 20 SECONDS

IN AN EMERGENCY, EVERY SECOND COUNTS. HAVING THE EMERGENCY PHONE NUMBER ON OR NEAR YOUR TELEPHONE SAVES TIME. VISIT YOUR RESCUE SQUAD OR AMBULANCE SERVICE AND PICK UP YOUR FREE EMERGENCY PHONE STICKERS. PUT ONE ON OR NEAR ALL YOUR TELEPHONES. TAKE THE TIME NOW TO SAVE TIME LATER.

**PUBLIC EDUCATION PROJECT** -81-
Emergency Medical Services
Chapman Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 30 SECONDS

YOU ARE THE MOST IMPORTANT LINK! EMERGENCY MEDICAL SERVICES IS A SYSTEM TO HELP YOU IN A MEDICAL EMERGENCY. BUT DO YOU KNOW HOW TO CALL FOR IT? PUT A PHONE STICKER WITH THE EMERGENCY PHONE NUMBER ON OR NEAR EVERY PHONE IN YOUR HOME. STICKERS ARE AVAILABLE THROUGH YOUR LOCAL RESCUE SQUAD OR AMBULANCE SERVICE. REMEMBER, IN AN EMERGENCY, YOU ARE THE MOST IMPORTANT LINK TO HELP. CALLING YOUR EMERGENCY MEDICAL SERVICES PHONE NUMBER BRINGS HELP FAST.

**PUBLIC EDUCATION PROJECT**
Emergency Medical Services
Chapman Old Mason Farm Road
Chapel Hill North Carolina 27514

(919) 933-2360



FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 10 SECONDS

BE PREPARED. IN AN EMERGENCY, EVERY SECOND COUNTS. STOP BY YOUR RESCUE SQUAD TODAY AND PICK UP YOUR PREPAREDNESS CARD AND PHONE STICKER. KNOWING WHAT TO DO AND WHO TO CALL IN AN EMERGENCY COULD SAVE A LIFE. PICK UP YOUR LIFE-SAVING KIT TODAY.

**PUBLIC EDUCATION PROJECT**
Emergency Medical Services
Shydaru Old Mason Farm Road
Chapel Hill North Carolina 27514

(919) 933-2360

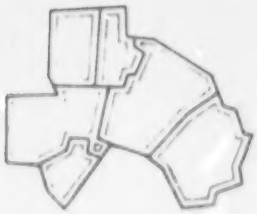


F O R  I M M E D I A T E  U S E

RADIO SPOT ANNOUNCEMENT

READING TIME - 20 SECONDS

DO YOU KNOW WHAT NUMBER TO CALL FOR HELP IN A MEDICAL EMERGENCY? PICK UP A FREE PHONE STICKER FROM YOUR LOCAL RESCUE SQUAD OR AMBULANCE SERVICE. HAVING THE NUMBER TO CALL ON OR NEAR YOUR TELEPHONE CAN SAVE TIME, AND IN AN EMERGENCY, EVERY SECOND COUNTS.



**PUBLIC EDUCATION PROJECT** -84-
Emergency Medical Services
Chyclaru Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2360

FOR IMMEDIATE USE

RADIO SPOT ANNOUNCEMENT

READING TIME - 30 SECONDS

ARE YOU PREPARED FOR A MEDICAL EMERGENCY? TO HELP AVOID PANIC WHEN AN EMERGENCY STRIKES, KEEP A CHECKLIST OF EMERGENCY PHONE NUMBERS AND THINGS TO DO IN YOUR WALLET OR PURSE. FIND OUT HOW TO BE PREPARED IN YOUR HOME OR WHAT TO DO IF YOU MEET WITH AN EMERGENCY ON THE ROAD. "BE PREPARED" WALLET CARDS AND A CHECKLIST ARE AVAILABLE THROUGH YOUR LOCAL RESCUE SQUAD OR AMBULANCE SERVICE. STOP BY AND PICK UP SEVERAL. YOUR FAMILY AND FRIENDS WILL THANK YOU.

Part 4: Public Service Announcements for Cablevision

CABLEVISION SPOT ANNOUNCEMENTS OF EIGHT LINES:

In an emergency, every second counts. Rescue squads and ambulance services provide the fastest emergency medical care. Be prepared. Your emergency phone number in Wake County is:

829-1911

Call 829-1911 in life-threatening situations like: heart attack, difficult breathing, bleeding, unconsciousness, gunshot or stabbing wounds, accidents, or burns. When you need help fast, CALL YOUR EMERGENCY NUMBER:
829-1911

Do you know what to do in a medical emergency? The Emergency Medical Services System will help you. BE PREPARED. Keep the emergency number by each phone.
829-1911

The Emergency Medical Services system in your community could save your life. Your club, church, or group should find out about this system. Call Lee Gupton at 787-1007 for a presentation.
DO IT TODAY!

CABLEVISION SPOT ANNOUNCEMENTS OF FOUR LINES:

Do you know what to do in a
medical emergency? For any
life-threatening situation,
CALL 829-1911 in Wake County.

Your life may depend on your
Emergency Medical Services
System. In a medical
emergency, CALL 829-1911.

In an emergency, every second
counts. Your Emergency Medical
Services System is your best help.
IN AN EMERGENCY, CALL 829-1911.

When sudden illness or injury
strikes, your Emergency Medical
Services System is the best help.
CALL 829-1911.

The Emergency Medical Services
System provides the fastest and
best medical care possible.
CALL 829-1911.

# APPENDIX D

Part 1: Radio Public Affairs Talk Show Schedule

Part 2: List of Lead Questions for Radio Talk Shows

# TALK SHOW SCHEDULE

| Radio Station | EMS Representative | Taping Date | Airing Dates |
|---|---|---|---|
| WETC--Zebulon | Anita Clark | Feb. 13 | Feb. 16 |
| WHPY--Clayton | Sgt. Paul London | Feb. 17 | Feb. 22 or 29 |
| WKBQ--Garner | Russell Capps | Feb. 17 | March 13 |
| WPTF--Raleigh | Thack Brown | Feb. 13 | 2 days in 1st week Mar. |
| WRNC--Raleigh | Anita Clark | Feb. 18 | Feb. 28 & Mar. 1 |
| WWGP--Sanford | Anita Clark | Feb. 16 | Feb. 21, 22, 23, 24. |

Part 2: Lead Questions for Talk Shows

1

## WHAT IS THE EMERGENCY MEDICAL SERVICES SYSTEM?

THE EMS SYSTEM IS COMPOSED OF THREE GROUPS OF HIGHLY TRAINED PEOPLE WHO BRING YOU THE FASTEST MEDICAL CARE POSSIBLE IN AN EMERGENCY SITUATION.

THESE PEOPLE ARE DISPATCHERS, EMERGENCY MEDICAL TECHNICIANS, AND THE DOCTORS AND NURSES AT THE EMERGENCY ROOM OF THE HOSPITAL. THEY USE THE LATEST MEDICAL TECHNOLOGY AND SOPHISTICATED COMMUNICATION EQUIPMENT AND RESCUE VEHICLES OR AMBULANCES TO BRING HELP TO CITIZENS WHO NEED IT.

2

## HOW DO I GET HELP WHEN I NEED IT?

CALL YOUR EMERGENCY TELEPHONE NUMBER. HELP WILL BE ON ITS WAY IN MINUTES.

3

## WHAT HAPPENS WHEN I CALL MY EMERGENCY NUMBER?

CALLING THE NUMBER CONNECTS YOU WITH A TRAINED DISPATCHER WHO COLLECTS THE IMPORTANT INFORMATION ABOUT THE EMERGENCY. WHEN HE ANSWERS THE PHONE, YOU SHOULD TELL HIM YOU ARE CALLING ABOUT A MEDICAL EMERGENCY. GIVE HIM YOUR NAME AND PHONE NUMBER YOU ARE CALLING FROM SO THAT, IF NECESSARY, HE CAN CALL YOU BACK FOR MORE INFORMATION. YOU SHOULD GIVE THE DISPATCHER THE ADDRESS OR LOCATION OF THE EMERGENCY AND REMAIN ON THE PHONE TO ANSWER ANY QUESTIONS HE MAY ASK. THE RESCUE SQUAD OR AMBULANCE SERVICE WITH ITS EMERGENCY MEDICAL TECHNICIANS IS THEN DISPATCHED TO BRING EMERGENCY CARE TO THE PATIENT AT THE SCENE.

## WHO ARE THE EMERGENCY MEDICAL TECHNICIANS?

EMERGENCY MEDICAL TECHNICIANS, OR E.M.T.'S FOR SHORT, ARE HIGHLY SKILLED PEOPLE WHO HAVE HAD MORE THAN 81 HOURS OF TRAINING IN EMERGENCY MEDICAL CARE. THEY SPEND 71 HOURS IN THE CLASSROOM, LEARNING THE LATEST METHODS AND PROCEDURES OF EMERGENCY MEDICAL CARE. THEY SPEND 10 HOURS IN A HOSPITAL EMERGENCY ROOM PUTTING THESE TECHNIQUES INTO PRACTICE. AFTER COMPLETION OF TRAINING, THEY ARE CERTIFIED BY THE STATE AS EMERGENCY MEDICAL TECHNICIANS. THEY ARE ON DUTY WITH THEIR RESCUE SQUAD OR AMBULANCE SERVICE EVERY WEEK AND HAVE A SUBSTANTIAL AMOUNT OF EXPERIENCE IN DEALING WITH SEVERE INJURIES, ACCIDENTS, AND HEART RELATED PROBLEMS.

## WHEN SHOULD THEY BE CALLED?

E.M.T.'S SHOULD BE CALLED FOR ANY LIFE THREATENING SITUATION, LIKE THE FOLLOWING: ACCIDENTS--AUTOMOBILE OR HOME ACCIDENTS WHICH PRODUCE SEVERE INJURIES; BURNS; HEART ATTACK OR ANY OF ITS SIGNS SUCH AS STRONG CHEST PAIN; UNCONSCIOUSNESS; GUNSHOT OR STABBING WOUNDS; DIFFICULT BREATHING; HEAVY BLEEDING.

IT IS VERY IMPORTANT NOT TO ABUSE THE SYSTEM BY CALLING UNNECESSARILY, HOWEVER, WHEN IN DOUBT, CALL YOUR EMERGENCY NUMBER. E.M.T.'S WOULD RATHER RESPOND TO YOUR CALL AND DETERMINE THAT THEY ARE NOT NEEDED THAN TO HAVE A PERSON DIE BECAUSE SOMEONE DID NOT CALL.

## WHERE ARE THE RESCUE SQUADS OR AMBULANCE SERVICES LOCATED?

THERE IS A RESCUE SQUAD OR AMBULANCE SERVICE IN ALMOST EVERY TOWN AND CITY IN REGION J. ALMOST EVERY CITIZEN IN THE REGION IS WITHIN 15 MINUTES OF EMERGENCY MEDICAL CARE.

## IS THERE A CHARGE FOR THEIR SERVICES?

THIS VARIES FROM PLACE TO PLACE. MOST RESCUE SQUADS DO NOT CHARGE FOR THEIR SERVICES BUT WILL PROBABLY ASK FOR A CONTRIBUTION FROM YOU ON THEIR NEXT FUND-RAISING DRIVE. MOST AMBULANCE SERVICES HAVE A SET RATE FOR THEIR CALLS, BUT, MOST IMPORTANTLY, NO ONE IS EVER DENIED SERVICE BECAUSE OF AN INABILITY TO PAY.

## ARE THE E.M.T.s PAID?

THERE IS NOT ONE ANSWER FOR THIS QUESTION, BUT IT IS IMPORTANT TO KNOW THAT BY AND LARGE THE EMT'S DONATE THEIR TIME AND SERVICES AND ARE NOT PAID. IN SOME CASES, ONE OR TWO EMT'S ARE PAID BY A RESCUE SQUAD TO BE ON DUTY DURING THE DAY WHEN THE OTHER MEMBERS ARE WORKING. AMBULANCE SERVICES, OF COURSE, DO HAVE FULL-TIME PAID PERSONNEL.

## HOW ARE THE VOLUNTEER UNITS SUPPORTED?

RESCUE SQUADS ARE SUPPORTED BY THE COMMUNITY. THEY PERIODICALLY HAVE FUND-RAISING EVENTS IN CONJUNCTION WITH OTHER CIVIC GROUPS TO ENABLE THEM TO OBTAIN AND REFURBISH THEIR EQUIPMENT TO PROVIDE YOU WITH THE BEST POSSIBLE EMERGENCY MEDICAL CARE.

(10) WHY DO THEY DEVOTE THEIR TIME AND ENERGY TO HELPING OTHER PEOPLE?

OUT OF A NEED TO SERVE THEIR NEIGHBORS AND FELLOW CITIZENS. EMT'S ARE DEDICATED PEOPLE WHO SEE THE NEED FOR SERVICE SUCH AS THEIRS. MANY OF THEM JOINED THE RESCUE SQUAD OUT OF THEIR OWN FRUSTRATION AND SENSE OF HELPLESSNESS IN ENCOUNTERING ~~XXXIXX~~ MEDICAL EMERGENCIES IN THEIR OWN FAMILIES. OUT OF THIS NEED TO HELP THEMSELVES GREW THE DESIRE TO HELP OTHERS.

(11) HOW CAN THE EMS SYSTEM HELP ME?

IT COULD SAVE YOUR LIFE---OR THE LIFE OF SOMEONE YOU LOVE. NO ONE KNOWS WHEN AN EMERGENCY WILL STRIKE, BUT WHEN ONE DOES, TIME IS OF THE ESSENCE. THERE AREN'T MANY THINGS WE CAN DO TO AVOID AN EMERGENCY, BUT WE CAN BE PREPARED TO MEET IT. YOUR RESCUE SQUAD OR AMBULANCE SERVICE DEPENDS ON YOU TO BE PREPARED TO RECOGNIZE A MEDICAL EMERGENCY AND THEN TO GET IN TOUCH WITH THEM SO THAT THEY CAN BRING HELP FAST.

(12) WHAT CAN I DO TO BE BETTER PREPARED?

PREPARATION IS ACTUALLY SIMPLE. AN EMERGENCY PHONE NUMBER AND SOME PRE-PLANNING WITH YOUR FAMILY ARE ALL THAT'S REQUIRED. YOU CAN FIND YOUR EMERGENCY NUMBER ON THE FIRST PAGE OF YOUR TELEPHONE BOOK. WRITE IT DOWN AND KEEP IT NEAR ALL PHONES. ALSO WRITE DOWN CLEAR DIRECTIONS TO YOUR HOME AND KEEP THIS INFORMATION WITHIN EASY REACH OF BABYSITTERS OR OTHER PERSONS THAT MAY COME TO YOUR HOME. TALK OVER WITH YOUR FAMILY WHAT TO DO IN CASE OF A MEDICAL EMERGENCY. ANYONE OLD ENOUGH TO USE TO TELEPHONE SHOULD KNOW HOW TO CALL FOR THE RESCUE SQUAD OR AMBULANCE SERVICE. IF EVERYONE IN YOUR FAMILY KNOWS WHAT TO DO IN AN EMERGENCY, THEN YOU ARE PREPARED.

## WHAT KIND OF EMERGENCIES CAN THE EMS SYSTEM HANDLE?

THE EMS SYSTEM IS PREPARED TO HANDLE ALL LIFE THREATENING SITUATIONS. EMTS HAVE BEEN TRAINED TO GIVE CLOSED CHEST HEART MASSAGE AND ARTIFICIAL RESPIRATION AND CAN GIVE OXYGEN WHEN NECESSARY. THEY HAVE TRAINING AND PRACTICE IN EXTRICATING PEOPLE FROM WRECKED AUTOMOBILES OR OTHER WRECKAGE. THEY ARE A HIGHLY SKILLED TEAM.

# APPENDIX E

Part 1: Forming County Community Organizations

Part 2: Presentations Report Form

## COUNTY COMMUNITY ORGANIZATIONS

The success of this Public Education Project depends upon a considerable effort at the county level. To make this program successful, you must form a Public Education Committee in your county (or strengthen an already existing one) to serve in conjunction with the Region J Public Information Committee and the Project Office. This committee is necessary at a county level to make the materials we develop work efficiently and effectively. To establish a Public Education Committee (PEC) where one does not now exist and/or to strengthen an existing committee, the Coordinator should contact interested, informed, and infludential citizens in the county and bring them together. The time to do this is NOW! The County Public Education Committee will have the following duties and responsibilities:

1. Select and train a cadre of program presenters.

The presenters should, if not already, be made thoroughly familiar with the EMS System that exists in their county and be able to answer questions from the audience concerning the system. A pool of very knowledgeable people already exists in the rescue squads and ambulance services. Close contact with the squads should be maintained and the members used as ambassadors to the communities. This approach will weave the rescue squads and ambulance services into the fabric of the local communities so that the citizens will become aware of the level of service and medical expertise that is available to them. Once the public understands what the Emergency Medical Services System is, then it can determine whether or not it is necessary to improve that service to bring it to an acceptable level of medical care.

2. Encourage, solicit, and provide programs to group meetings in the county.

Appendix A is a list of possible organizations or groups who should be contacted to determine when they would like a presentation to their group on the EMS System in their community. The listing is not meant to be exhaustive, but to suggest a base from which the County PEC can start to compile a list of groups to contact within the community. Some members of these groups may wish to become program presenters. It will be useful for the PEC to identify which organizations or groups have as members people who are also in rescue squads in order to have presenters who are knowledgeable about the organizations to which they are presenting information about EMS.

3. Solicit and coordinate school presentations.

The Project Office will provide the County PEC with a listing of the schools in the county which include grades 10 through 12. A letter will be sent to the principal of each of these schools, offering a presenter to each school with suggestions on how the presentations about EMS could be integrated into the driver education program or health classes and mentioning that such education is legislated by law. County Chairman or a qualified presenter should follow up on the letter and personally visit the principal or school superintendent.

4. Secure and coordinate use of materials and equipment for group meetings and presentations.

Materials in the form of slide/tape presentations and handouts, as well as selected 16mm films, will be available for the presentations. Equipment in the form of a 35mm slide projector, tape player, and 16mm movie projector will be made available to each county. The Project Office will try to ensure that adequate materials are available; however, the County PEC should identify resources available locally for both materials and equipment in order to ensure adequate availability.

5. Coordinate distribution of bumper stickers, telephone stickers, and pamphlets.

During the course of this project, a variety of materials in the print medium will be developed. To ensure full coverage distribution, the county committee should establish distribution sites which will reach the entire county.

6. Solicit human interest stories about EMS service and report to Public Education Project staff.

It will be the responsibility of the committee to make contact with all newspapers in the county and create in them an awareness and interest in the EMS System. The newspaper system in Region J is a powerful communication tool which the committee should use to keep the public aware of the EMS System. Sharing the public interest stories with other counties will enable the public to learn of the EMS Systems not only in their own counties but in the surrounding counties.

7. Actively solicit consumer feedback about the EMS service in a community and share this with the Public Education Project staff.

The Project Office will need to gather this kind of data so that the materials prepared will better satisfy the needs of the public. Information on the materials already prepared as well as any problems or surprises encountered by consumers of the service will provide valuable information for further educational materials.

8. Cooperate with the Public Education Project staff in the development of public education materials.

If the committee identifies a specific need or area where information/education is needed in their locality, they should inform the project office of this need/area as soon as possible and help to determine what sort of materials or presentation would optimally fill or satisfy this need.

9. Report presentations and activities to the Public Education Project Office.

Due to the requirements of the grant, it is necessary to document the progress and presentations that are being made. Appendix B contains a copy of the Presentation Record. These forms will be filled out to cover a two week period and should be mailed to the Project Office. It is necessary for the office to keep track of the training being done to enable a reporting of the progress to the state office.

10. Ensure continuation of the public education effort after the one-year grant ends on August 1, 1976.

It is planned that, after the termination of the project grant, the Public Education Committees that have been set up on a county level will continue to function. The materials that the project staff will have developed will have a longer life than just the one year and should be used over and over to keep community groups informed. The committee will carry on with the presentations to community groups.

The above is a listing of the duties and responsibilities of the County Public Education Committee. The role of the County Coordinator will be as follows:

1. To ensure the development of a County PEC.

2. To help the committee in identifying organizations and groups within the county who would be aware of the need to know more about the EMS System.

3. To help organize and train a cadre of knowledgeable individuals who would devote a portion of their time to the making of presentations about EMS and leading discussions on the EMS System in the county.

4. To help in scheduling these presentations.

5. To prepare reports on all presentations in the county and ensure their delivery to the Project Office in a timely manner.

Time Frame

It is necessary for the County Coordinators to begin at once to develop the County PEC, and also to establish the cadre of presenters. Prior to the second week of January, 1976, materials for the presentations will be prepared and/or identified for use in the county groups. Material development will continue beyond this time but initial presentations should begin about this date. This means that arrangements for the scheduling and record-keeping will have had to be made prior to this time. Even though the project will officially be ended on August 1, 1976, it is hoped that the scheduling of presentations will continue after that time. So then, the time frame for presentations is essentially non-terminal, with a starting point occuring sometime in the latter part of January.

It is a moot point as to whether those counties with a large population should have more presentations or, whether as hoped, the larger counties will have more individuals attending each presentation. In an effort to give some indication of the number of presenters needed for each county, let us assume that this latter case will be the rule. This means that, in a six month period, each county will be responsible for something on the order of 300 presentations to interested groups. This breaks down to 50 presentations per month on the average. This also means that, if the cadre consisted of 50 presenters, each would make one presentation per month for six months. The following table indicates the number of presenters present in the cadre and the number of presentations for each.

| Number of Presenters | Presentations per month |
|---|---|
| 50 | 1 |
| 25 | 2 |
| 17 | 3 |
| 13 | 4 |
| 10 | 5 |
| 8 | 6 |
| 7 | 7 |
| 6 | 8 |
| 5 | 10 |
| 4 | 12 |
| 3 | 17 |
| 2 | 25 |
| 1 | IMPOSSIBLE! |

Summary

In summary then, the responsibilities of the County Public Education Committee shall be the following:

1. Select cadre of program presenters.
2. Train program presenters.
3. Solicit group meetings (be sure to see that county is well covered).
4. Respond to request for programs.
5. Solicit and coordinate school presentations.
6. Secure equipment and materials for group presentations.
7. Coordinate use of materials and equipment for group meetings.
8. Coordinate distribution of:
   a. Bumper stickers
   b. Telephone stickers
   c. Pamphlets.
9. Solicit human interest stories about EMS system and report to Public Education Project Staff.
10. Solicit feedback from consumers on EMS system and report to Public Education Project Staff.
11. Cooperate with Public Education Project Staff in development of public education programs.
12. Report activities to Public Education Project Staff.
13. Ensuring continuation of public awareness program.

APPENDIX A

Possible Organizations or Groups That Could Be Contacted About Presentations:

Agricultural Clubs

American Legions

Associations of Retired Persons

Bicycle Clubs

Boy Scouts

B.P.O.E.

Churches and Church Groups

Civil Air Patrol

Civitan Clubs

Extension Homemakers Clubs

Future Farmers of America

Future Homemakers of America

4-H Clubs

Girl Scouts

Kiawanis Clubs

Knights of Columbus

Libraries

Lions Clubs

National Farmers Organizations

Newcomers Clubs

Odd Fellows

P.T.A. Groups

Red Cross

Rotary Clubs

Schools

Sertoma Clubs

Women's Action Groups

# PRESENTATION RECORD

COUNTY: _____ FOR TWO-WEEK PERIOD ___/___/___ (BEGINNING) TO ___/___/___ (ENDING)

| GROUP NAME | APPROX. NO. ATTENDING | MATERIALS USED | LENGTH OF PRESENTA. | PRESENTER'S NAME & ORGANIZATIO |
|---|---|---|---|---|
| | | | | |

SUBMITTED BY: _____
COUNTY COORDINATOR

_____
DATE

# APPENDIX F

## Print Materials

Part 1: "E.M.T.'s Could Save YOUR Life!"

Part 2: "Emergency Medical Services: Your Best Help in a Medical Emergency"

Part 3: "Be Prepared" Card

Part 4: Telephone Sticker

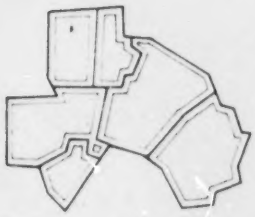
# APPENDIX G

## Lesson Plans

Part 1: Pre-school to Grade 3

Part 2: Grades 4-6

Part 3: Grades 7-12



**PUBLIC EDUCATION PROJECT** -108-
Emergency Medical Services
Chyclaru, Old Mason Farm Road
Chapel Hill, North Carolina 27514
(919) 933-2360

**Teacher's Guide**
**Pre-school to Grade 3**

**Objective:** To teach children how to react during an emergency, enabling them to get help without panic. To enable children to have an understanding of what their emergency number will do.

**Teaching Aids:** Coloring Book
Play Telephones (if available)
Brochures and pamphlets to take home.

**I. Basics the Child Must Learn**

A. Name: First and Last

B. Address: House number, street, and town.

C. Phone Number

D. How to dial the emergency number.

**II. Use of the Coloring Book**

A. Picture of Boy and Girl

1. Children color the picture of the boy or girl, whichever they happen to be.
2. Child writes his/her full name in the space provided.

B. Picture of a house.

1. Children color the picture of the house.
2. Child writes his/her address in the space provided.

C. Pictures of telephones.

1. Children color the picture of the telephone they have in their homes.
2. Child writes his/her phone number in the space provided.

D. Picture of a child dialing the emergency number.

1. Children color the picture.
2. Explain why the child should call the emergency number.
   a. to get help in an emergency.
   b. dispatcher is trained to send help.
3. Explain what information the child must tell the dispatcher.
   (Stress the following order:)
   a. Name
   b. Address
   c. Phone number from where the child is calling.
   d. What happened.

4. If play phones are available, let the children practice dialing the emergency number.
   a. Using the play phones, the children take turns with each other or with the teacher being the dispatcher or the caller.
   b. Stress that once the child has called for help, he/she should *remain on the phone* to answer the dispatcher's questions. (The dispatcher will calm and reassure the child until help is sent.)

E. Emergency Phone Numbers
   1. Show the children the emergency phone number stickers, (if available).
   2. Explain that it is important to call for help in a medical emergency.

F. Picture of a scared child.
   1. Children color the picture.
   2. Discuss why the child in the picture will be of no help.
      a. Child in picture does not know what to do.
      b. Child will be of no help if he/she panics.
      c. It is natural to be scared, but if the child does not panic, he/she can get help.

G. Picture of child with assistance at home.
   1. Children color the picture.
   2. Discuss what the child in the picture did in order to get help.

H. Final Page
   1. Children fill in the final page.
   2. Ask the children how many phones are in their homes, in order to give out enough stickers (if available).
   3. Hand out additional information for children to take home.

**PUBLIC EDUCATION PROJECT** -110-
Emergency Medical Services
Chyclaru, Old Mason Farm Road
Chapel Hill, North Carolina 27514

(919) 933-2360

**Teacher's Guide**
**Grades 4-6**

**Objective:** To teach children how to react during an emergency, how to get medical assistance without panic, and when to call for assistance.

**Teaching Aids:** Slide/tape presentation describing the EMS System. Overhead transparency for identifying life-threatening situations.

Pamphlets and brochures describing the system and telling when to call.

**I. Slide/tape**

A. Show the slide/tape.

B. Discussion concerning the EMS system and what it consists of.

**II. Identifying life-threatening situations.**

A. Work through overhead transparency which describes each life-threatening situation.

B. Discuss various examples of each of the following situations:

1. Heart Attack
2. Difficult Breathing
3. Gunshot or stabbing wounds
4. Unconsciousness
5. Burns
6. Accidents
7. Serious Bleeding

C. Discuss situation where emergency help is not needed.

1. Bruises and scrapes
2. Bad colds or flu
3. Etc.

D. Show overhead again and ask students to identify the life-threatening situations shown.

**III. Dramatizations — children playing the roles.**

A. Situation. Your mother and sister are shopping. You and your father are in the yard, building a tree house. Your father accidently falls out of the tree. You run to the house to call for help.

1. Discuss how the child handled the situation.
2. Information given:
   a. Name
   b. Address
   c. Phone Number
   d. Type of aid needed.
3. Discuss how panic can change what the child does.

B. Situation. Local ambulance service receives call for aid. Previous information given. Respond to call but cannot find the house. Directions wrong. Included as situation progresses.

1. House number — easily seen from street both day and night.
2. Written directions to house if difficult to locate.
3. Emergency number and directions by each phone in the house.

**IV. Information**

A. Hand out printed information for parents.

1. EMT's Could Save YOUR Life!
2. Emergency Medical Services brochure.
3. Preparedness card (with wallet card attached).
4. Emergency phone number sticker (if available).

B. Tell children to check their homes for house number and to place emergency stickers by all phones.

C. Satisfy any unanswered questions or postpone the discussion until another day to have the students think of questions.

**PUBLIC EDUCATION PROJECT** -112-
Emergency Medical Services
Chydaru, Old Mason Farm Road
Chapel Hill, North Carolina 27514
(919) 933-2360

**Teacher's Guide**
**Grades 7-12**

**Objective:** To teach students how to recognize and handle a medical emergency.

**Teaching Aids:** Slide/tape presentation about the EMS System. Overhead transparency showing seven life-threatening situations. Brochures and handouts about EMS.

**I. Slide/Tape**

A. Show slide/tape presentation.

B. Discuss the components of the Emergency Medical Services system.

**II. Home Emergencies**

A. Be prepared before the emergency occurs.

1. Talk over with the family what to do in an emergency.
2. Emergency numbers by each phone.
3. Directions to home by each phone if home does not have a house number or street.
4. House numbers that can easily be seen from the street day or night, or some identifying feature in rural settings.

B. Information to be given when calling for help.

1. Don't panic; give information in the following order:
   a. Name
   b. Address
   c. Phone number
   d. Type of aid needed.

**III. On the Road**

A. Approaching emergency vehicle

1. Move to the right shoulder of the road and stop.
2. When emergency vehicle has passed, proceed with caution.
3. If unable to stop, move as far to the right of the road as possible, and allow the emergency vehicle to pass.
4. Never pull in front of an emergency vehicle.
5. Never follow an emergency vehicle.
6. If students are not old enough to drive, they should be told to relate the above information to their parents.

B. Accidents

1. If you witness an accident, stop and give aid. This is required by law in N. C., as in most states.
2. Call the police or highway patrol for help.
   a. tell them you are calling about an accident.
   b. type of aid needed.
   c. location of injured people.
   d. number of injured people.
3. Never move a severely injured person unless trained to do so or unless the person's life is immediately threatened by, for example, fire.
4. Type of aid given in most cases should be limited to:
   a. Calling for qualified aid.
   b. Calling for help with life-threatening injuries.
   c. Reassuring the victims.
5. Remain at the scene until told you are no longer needed.
6. Do not stop at an accident if help is already there.
7. Keep your eyes on the road, not on the accident.

**IV. Identifying life-threatening situations**

A. Work through the overhead transparency which depicts each life-threatening situation.

B. Discuss various examples of each of the following emergencies:

1. Heart attack,
2. Difficult breathing,
3. Gunshot or stabbing wounds,
4. Unconsciousness,
5. Burns,
6. Accidents (home or auto),
7. Serious bleeding.

C. Encourage students to relate life-threatening situations from their own experiences.

D. Discuss situations where emergency medical help is not needed.

1. Bruises and scrapes
2. Bad colds or flu.
3. Sprains, etc.
4. Times when people just want to get to the hospital, such as for appointments.

**V. Local Available Emergency Care**

A. Discuss what local emergency medical care is available in your area.

B. Discuss what training the personnel have had.

C. Explain who can become an Emergency Medical Technician (EMT).

1. Must be 17 years old to take the course.
2. Can be certified when 18 and a member of a rescue squad.

**VI. Printed Material**

A. Hand out:

1. "EMT's Could Save YOUR Life!"
2. Emergency Medical Services brochure.
3. Preparedness card and attached wallet card.
4. Emergency Phone Number stickers (if available).

# APPENDIX H

## Slide/Tape Scripts

Part 1: Script A

Part 2: Script B

SCRIPT A
(aprox. 9 min.)

# EMERGENCY MEDICAL SERVICES
# SLIDE/TAPE PRESENTATION

Public Education Project
in cooperation with the
Region J Emergency Medical Services Committee
and the
State Office of Emergency Medical Services

EMS SLIDE/TAPE PRESENTATION

| Visual | | Audio |
|---|---|---|
| Black | 1: | |
| Front of car and bicycle | 2: | (Music) |
| Close-up of car and bicycle wheel | 3: | (Music) |
| Man at desk | 4: | (Music) |
| Man at desk in pain | 5: | (Music) |
| Child's head and can of Drano | 6: | (Music) |
| Child reaching for Drano | 7: | (Music) |
| "EMERGENCY" over Drano can | 8: | Each of us will probably, at one time or another, face an emergency requiring immediate medical aid, like the people we've just seen. |
| "EMERGENCY" | 9: | No one is immune to emergencies. Sudden illness and injury are facts of life. There are not many things we can do to avoid an unexpected emergency, but we can be prepared to meet it. |
| "EMERGENCY" with red figure | 10: | Knowing what to do and how to do it in those first crucial moments can stop panic and--more important--can keep a crisis from becoming a tragedy. |
| Emergency number | 11: | Know this number. If you ever need emergency medical help, call this number. Everyone in your family should know this number and not need to look it up. |
| "Emergency Medical Service Team" and 3 circles | 12: | In our community, there is a team of highly trained people who could save your life. Or the life of someone you love. |
| "Emergency Medical Services Team" with graphics on 3 circles | 13: | This is your Emergency Medical Services Team. They need your help to bring emergency help when it's needed. Now, let's meet each member. |
| Close-up of dispatcher | 14: | First, there is a dispatcher. |
| Two EMTs with patient | 15: | Second, there are two or more Emergency Medical Technicians, called EMTs for short. |
| Nurses in Emergency Room with patient | 16: | And, third, there are doctors, nurses, and other staff members in the hospital Emergency Room. |

| Visual | Audio |
|---|---|
| "Emergency Medical Services Team" with 3 graphics in circles | 17: This is the team that dedicates their time and effort to being available when you need them. But to work for you, they must be called. |
| Emergency number | 18: Remember, when you are in need of emergency care, this number puts your Emergency Medical Services Team into action. |
| Dispatcher | 19: Calling your emergency number connects you with a trained dispatcher, who collects the important information about your emergency. |
| Woman dialing | 20: When you call your emergency number, you should say:<br>"I'm calling about a medical emergency."<br>Also tell the dispatcher who you are and the phone number you are calling from. |
| Split screen of woman and dispatcher | 21: You should tell the dispatcher the address or location of the emergency:<br>"I'm at 245 Birch Avenue."<br>Don't hang up. Remain on the phone to answer any questions the dispatcher may have. |
| Rescue vehicle leaving building | 22: The dispatcher evaluates your emergency and sends the rescue squad or ambulance service that can most quickly reach the location of the emergency. |
| EMTs leaving rescue vehicle | 23: The Emergency Medical Technicians arrive on the scene in a rescue vehicle. This vehicle is like an emergency room on wheels. |
| EMTs giving oxygen to patient | 24: The EMTs are experienced in dealing with a wide range of severe injuries, heart-related problems, and other emergencies. |
| EMTs applying bandage to patient | 25: The EMTs receive over 81 hours of training. Upon completion of training and after examination, they become certified by the state. They are trained in the latest procedures of emergency medical care. |
| EMTs with patient in garage | 26: When the EMTs arrive at the scene of an emergency, they give the patient on-the-spot emergency medical care. |
| EMTs bringing stretcher from rescue vehicle | 27: After stabilizing the patient, the EMTs use the emergency rescue vehicle to transport the patient to the hospital Emergency Room. The team continues treatment while enroute. |

| Visual | Audio |
|---|---|
| Rescue vehicle at stop sign | 28: This transport is safe. Traffic regulations are obeyed, and the vehicle seldom has to speed or use sirens. |
| Side view of rescue vehicle on road | 29: The emergency vehicle is usually called the rescue van or ambulance. It is a very important part of the Emergency Medical Services System. |
| Equipment in open door of vehicle | 30: The rescue vehicle is equipped with life-saving and life-support equipment. Let's take a closer look at some of this equipment. |
| Suction aspirator | 31: Suction aspirators are used to clear breathing passages. |
| Ventilation units and airways | 32: Ventilation units aid in breathing. Airways for adults, children, and infants keep breathing passages open. |
| Oxygen unit | 33: Portable oxygen units are used to administer that element basic to life, oxygen. |
| Backboards, splints, cervical collars | 34: Backboards, splints, and cervical collars keep injured patients from moving their bodies and causing further injury to themselves. |
| OB kit and poison antidote kit | 35: The rescue vehicle is also equipped with an obstetrical kit and a poison antidote kit. |
| Blood pressure cuff and stethoscope | 36: A blood pressure cuff and a stethoscope are valuable tools for determining a patient's vital signs. |
| Stretcher | 37: A four-wheeled adjustable stretcher is used to move the patient. |
| Medical supplies | 38: Finally, the vehicle is equipped with medical supplies used in most emergencies. |
| Boat | 39: In addition to the rescue van, most rescue squads have small boats for water emergencies. |
| EMT on radio in vehicles | 40: One of the most important parts of the emergency vehicle is the two-way radio. This radio enables the EMTs to stay in constant contact with doctors in the hospital emergency room. |
| Split screen of doctor and EMT on radio | 41: (Doctor): "What are the patient's vital signs?"<br>(EMT): "We have a pulse rate of 120 and a BP of 140 over 90." |

| Visual | Audio |
|---|---|
| Doctor in Emergency Room | 42: This two-way communication enables the doctor in the Emergency Room to advise the EMTs about any additional treatment needed by the patient. |
| Nurses in Emergency Room with equipment | 43: At the same time, this communication system gives the Emergency Room staff early notification of any special equipment that might have to be set up for the patient. |
| Close-up of EKG readout | 44: In the near future, this two-way link could be used to send an electrocardiogram directly from the patient to the Emergency Room. This visual record will add to the ability of the Emergency Room to prepare for the needs of each incoming patient. |
| Emergency Room and staff | 45: The Emergency Room at the hospital, with its doctors, nurses, and staff, forms the third part of the Emergency Medical Services System. |
| Nurses in Emergency Room with patient | 46: The staff in the Emergency Room has a great deal of experience in traumatic medicine, and is prepared to give a broad range of emergency care to the patient. |
| Patient in hospital bed | 47: They will diagnose and treat the patient until he can be moved to that part of the hospital equipped to give appropriate continuing care. |
| "Emergency Medical Services Team" and 3 graphics in circle | 48: You have seen the people and the equipment that make up the Emergency Medical Services System. But remember, you are the most important link. |
| Graphic of phone dial | 49: You must know how to put this highly skilled team to work by dialing your emergency number. |
| Emergency number | 50: Know your emergency number and keep it near your telephone. It is the number you must be able to call immediately in a medical emergency. |
| Family around table | 51: Everyone in your family should know how to call for the rescue squad or ambulance service. Make certain they know where the number can be found. |
| "Life-threatening" | 52: What is an emergency? When would you set the Emergency Medical Services Team into action? There are seven main types of life-threatening emergencies. |
| "Heart attack" | 53: The first life-threatening situation is heart attack or any of its signs, such as strong chest pain. |

| Visual | Audio |
|---|---|
| "Serious injury" | 54: Second, accidents--home, recreational, or automobile accidents--that involve serious injury. |
| "Difficult breathing" | 55: Third, difficult breathing. |
| "Unconsciousness" | 56: The fourth life-threatening emergency is unconsciousness. |
| "Gunshot or stabbing wounds" | 57: Fifth, gunshot or stabbing wounds. |
| "Severe burns" | 58: Sixth, severe burns. |
| "Heavy bleeding" | 59: The seventh life-threatening situation is heavy bleeding. |
| Graphic of phone dial | 60: If you ever see any of these seven life-threatening situations, call your emergency number. |
| Close-up of hand dialing | 61: Do not call unnecessarily. However, when in doubt, call your emergency number. |
| Front of rescue vehicle | 62: Your Emergency Medical Technicians would rather have you call in doubt than have further injury or even death result. |
| Man on garage floor | 63: We all, of course, hope we will never have to face a life-threatening situation. But no one can ever know when an emergency will strike. |
| Graphic telephone with clock face | 64: When an emergency does strike, every second can count. The quickest way to summon aid is by telephone. So be prepared. |
| Inside front cover of phone directory | 65: Know the emergency number that will set your Emergency Medical Services Team into action. Know where to find it. Write it down on or near your telephone. |
| Close-up of child dialing | 66: Teach your family members how to use your emergency phone number. The life of someone you love could depend on knowing what number to call. |
| Emergency number | 67: This is your emergency number. Your Emergency Medical Services Team is ready to help you. |
| Credits | 68: (Music) |
| Black | 69: |

SCRIPT B
(aprox. 12 min.)

# EMERGENCY MEDICAL SERVICES
# SLIDE/TAPE PRESENTATION

Public Education Project
in cooperation with the
Region J Emergency Medical Services Committee
and the
State Office of Emergency Medical Services

EMS SLIDE/TAPE PRESENTATION

| Visual | | Audio |
|---|---|---|
| Black | 1: | |
| "EMERGENCY" | 2: | (Music) |
| "EMERGENCY" | 3: | (Music) |
| Car and bicycle | 4: | (Music) |
| Car and bicycle accident | 5: | (Music) |
| Man at desk | 6: | (Music) |
| Man at desk, in pain | 7: | (Music) |
| Drano can | 8: | (Music) |
| Drano can and child | 9: | (Music) |
| "EMERGENCY" | 10: | We all have a good idea of what emergency means. |
| Dictionary definition | 11: | The definition is simple, and tells us that an emergency is "a sudden need for immediate action," or can describe something "for use in time of sudden need." |
| People | 12: | Whose sudden need? Surely not that of anyone around me, and surely not a need I have--or so we each prefer to think. |
| People and "we're all okay" | 13: | We generally feel secure, feel that we have things under control. |
| People and red figure | 14: | However, each of us might very well at some time face an emergency in which the sudden need is obvious--a need for immediate medical aid. |
| Red figure and "EMERGENCY" | 15: | Such situations do arise. Each of us could be involved in an emergency situation. Sudden illness and injury are facts of life. None of us are immune from them. |
| Car and bicycle accident | 16: | Accidents happen. . . |
| Man in pain | 17: | . . . as does illness. . . |
| Drano can and child | 18: | . . . and as do countless other unexpected and harmful events. |
| "Life threatening" | 19: | Immediate action is needed in the three examples we just saw. Each of them shared a common element--a life was threatened. There are seven main types of life-threatening situations. |

| Visual | Audio |
|---|---|
| "Heart attack" | 20: The first life-threatening situation is heart-attack or any of its signs, such as strong chest pain. |
| "Serious injury" | 21: Second, accidents--home, recreational, or automobile accidents--that involve serious injury. |
| "Difficult breathing" | 22: Third, difficult breathing. |
| "Unconsciousness" | 23: The fourth life-threatening emergency is unconsciousness. |
| "Gunshot or stabbing wound" | 24: Fifth, gunshot or stabbing wounds. |
| "Severe burns" | 25: Sixth, severe burns. |
| "Heavy bleeding" | 26: The seventh life-threatening situation is heavy bleeding. |
| Phone and clock face | 27: Life-threatening situations must be dealt with immediately. Time is important; each minute or even second can count. The quickest way to summon aid is by telephone. You must act quickly. Call your emergency number. |
| Page from telephone directory | 28: Did you know that there is an emergency number in your community to be dialed for aid in an emergency medical crisis? This number is found inside the front cover of your telephone directory. |
| Emergency number | 29: If and when you need emergency help, call this number immediately. To be able to do so, it's vitally important that you already know the number. |
| Person dialing | 30: Calling your emergency number is the first thing to do in meeting an emergency. Knowing the number guarantees you will not lose time looking for it, and that you will not face an emergency by panicking. |
| Emergency number | 31: Knowing your emergency number could keep a crisis from becoming a tragedy. Dialing this number will set your community's Emergency Medical Services Team into action. |
| Three colored circles | 32: The Emergency Medical Services Team in your area is ready at all times to help you meet emergencies--"for use in time of sudden need." This team is made up of three main elements. |
| Graphic of telephone dispatcher | 33: First, a telephone dispatcher. |

| Visual | Audio |
|---|---|
| Graphic of rescue vehicle | 34: Second, two or more Emergency Medical Technicians, called EMTs for short, in an emergency rescue vehicle. |
| Graphic of medical Caduseus | 35: And, third, the doctors, nurses, and medical technicians in the hospital emergency room. Now, let's set the three parts of this highly-trained team into action. |
| Man on ladder | 36: Emergencies can occur anywhere. |
| Man stepping down ladder | 37: Here, common repair work at home. . . |
| Man catching foot in ladder rung | 38: . . . results in an accident. . . |
| Man on garage floor | 39: . . . and you are suddenly faced with an emergency situation requiring the quickest possible medical attention. |
| Graphic of telephone dial | 40: Immediately pick up the telephone and dial the emergency number. That's all it takes to get your local Emergency Medical Services Team on the move. |
| Graphic of 4 circles | 41: Dialing your emergency number connects you with a skilled telephone dispatcher--the first element of the Emergency Medical Services Team. |
| Close-up of telephone dispatcher | 42: The dispatcher is highly trained to respond to emergency calls. |
| Medium shot of telephone dispatcher | 43: He collects specific information from you about your particular emergency. |
| Woman dialing | 44: After you calmly dial the number and get the dispatcher, your call should sound something like this: |
| Split screen of woman and dispatcher | 45: (Woman): "I'm calling about a medical emergency. My name is Nancy Parker and I'm calling from 633-5467." |
| | Give the dispatcher your full name and the number from which you are calling. |
| | Also, tell the dispatcher the address or location of the emergency: |
| | "My address is 254 Birch Avenue." |
| | Now--don't hang up. The dispatcher might have additional questions to ask you. |

| Visual | Audio |
|---|---|
| Graphic of 4 circles | 46: The dispatcher sets the second part of the Emergency Medical Services Team into action by notifying the rescue squad or ambulance service in your area. |
| Rescue vehicle leaving garage | 47: The dispatcher tells them your location, and any important details about the emergency. The emergency rescue vehicle is dispatched to aid in meeting the medical emergency. |
| Rescue vehicle on the road | 48: At least two Emergency Medical Technicians are sent in the rescue vehicle to the location of the emergency. |
| EMT with patient | 49: Upon arriving at the scene, the EMTs are prepared to administer whatever on-the-spot measures are appropriate and necessary in order to stabilize the patient. |
| Two EMTs treating head injury | 50: In this case, the head injury is treated first, and a cervical collar applied for possible neck injury. |
| EMT treating leg injury | 51: The EMTs then treat the leg injury. They also apply an inflatable splint to the leg, in case a fracture occurred. |
| Three EMTs checking patient on backboard | 52: The patient is then placed on a backboard. When the EMTs are certain his condition is stable, the backboard is placed on a stretcher. |
| EMTs placing patient on stretcher | 53: The Emergency Medical Technicians are highly experienced in dealing with life-threatening situations. They receive 81 hours of training in delivering emergency medical care. After training and examination, they are certified by the state. |
| EMT and patient inside rescue vehicle | 54: The stretcher is transferred to the van, which is itself an important part of the Emergency Medical Services system. The vehicle carries an array of life-saving and life-support equipment--equipment that enables the EMTs to deal with a range of emergency situations. |
| Side view of rescue vehicle | 55: The rescue vehicle is an emergency room on wheels. With its equipment and with the EMTs in it, the van is a safe and effective means of taking the patient to the actual Emergency Room of your local hospital. |
| Two EMTs inside rescue vehicle | 56: The EMTs administer emergency medical care to the patient throughout the trip to the hospital. Their training, skill, and equipment enable them to do so continually. |

| Visual | Audio |
|---|---|
| Rescue vehicle at stop sign | 57: The rescue vehicle carries the patient safely. Traffic regulations are obeyed--the van seldom has to speed or use sirens. |
| EMT on two-way radio | 58: One of the most important pieces of equipment in the vehicle is the two-way radio. This radio enables the EMTs to stay in constant contact with the doctors in the hospital emergency room throughout the trip. |
| Split screen of doctor and EMT | 59: (Doctor): "What are the patient's vital signs?"<br>(EMT): "We have a pulse rate of 120 and a BP of 140 over 90." |
| Doctor on radio | 60: This two-way communication enables the doctor in the Emergency Room to advise the EMTs about any additional treatment while the van is enroute. |
| Nurses in Emergency Room | 61: At the same time, this communication system gives the Emergency Room staff early notification of any special equipment that might have to be set up for the patient. |
| Doctor reading EKG | 62: In the near future, this two-way link could be used to send an electrocardiogram directly from the patient to the Emergency Room. This visual record will add to the ability of the Emergency Room to prepare for the needs of each incoming patient. |
| Graphic of 4 circles | 63: The Emergency Room at the hospital, with its doctors, nurses, and staff, forms the third part of the Emergency Medical Services System. |
| EMTs unloading patient | 64: The Emergency Room staff is trained and equipped to receive, and respond to, any sort of medical emergency. |
| Emergency Room interior | 65: The doctors, nurses, and staff, are well-prepared to administer emergency medical care. Like the EMTs, their first purpose is always to save lives threatened by unexpected emergency situations. |
| Nurses in Emergency Room with patient | 66: The staff of the Emergency Room diagnoses and treats the patient appropriately. The patient is then moved as soon as possible to that part of the hospital equipped to administer continuing care. |

| Visual | | Audio |
|---|---|---|
| Graphic of 4 circles | 67: | You have now seen the three parts of the Emergency Medical Services Team in action. |
| Medium shot of dispatcher | 68: | The dispatcher. |
| EMTs leaving rescue vehicle | 69: | The Emergency Medical Technicians in their rescue vehicle. |
| Nurses in Emergency Room with patient | 70: | And the staff in the Emergency Room. This team provides you with the best possible aid in meeting a medical emergency. |
| Graphic of 4 circles and blue figures | 71: | You are the most important link in the system. You must know how to put this skilled team to work as quickly as possible. |
| Emergency number | 72: | Know your emergency number. Also, keep it written down on or near your telephone. |
| Family discussion | 73: | Take the time to teach the emergency number to each member of your household. Practice the number and show family members where they can quickly find it. Your family must know how to meet an emergency situation. |
| Child dialing | 74: | Everyone in your family old enough to use a telephone should be prepared for an emergency. Make certain your family knows the emergency number. Make sure you know it, too. |
| "Life threatening" | 75: | In an emergency, every second counts. When in need, use your emergency phone number. Do not call unnecessarily. However, when in doubt, call the emergency number. |
| Close-up of rescue vehicle | 76: | Your Emergency Medical Services Team would rather have you call in doubt than have further injury or even death result. |
| Emergency number | 77: | We can all hope we will never face a life-threatening situation. But emergencies do strike in our lives. Know your emergency telephone number. Your Emergency Medical Services Team is ready to help you. |
| Credits | 78: | (Music) |
| Black | 79: | |

# APPENDIX I

## List of Equipment by Location & Serial Number

| # | SERIAL | ITEM DESCRIPT | TYPE | LOCATION | UNC # |
|---|---|---|---|---|---|
| 01 | 3532725 | KODAK AF-2 SLIDE PROJ | 1 | WAKE COUNTY RESCUE | |
| 02 | 3500270 | KODAK AF-2 SLIDE PROJ | 1 | PITTSBORO | |
| 03 | 3465243 | KODAK AF-2 SLIDE PROJ | 1 | RALEIGH RESCUE | |
| 04 | 3464230 | KODAK AF-2 SLIDE PROJ | 1 | PARKWOOD RESCUE SQUAD | |
| 05 | 3532656 | KODAK AF-2 SLIDE PROJ | 1 | HILLSBOROUGH | |
| 06 | 3280532 | KODAK AF-2 SLIDE PROJ | 1 | APEX | |
| 07 | 3492359 | KODAK AF-2 SLIDE PROJ | 1 | WENDELL | |
| 08 | 3464247 | KODAK AF-2 SLIDE PROJ | 1 | FUQUAY-VARINA | |
| 09 | 3464242 | KODAK AF-2 SLIDE PROJ | 1 | GARNER-ST. MARY | |
| 10 | 3451293 | KODAK AF-2 SLIDE PROJ | 1 | ZEBULON | |
| 11 | 3464244 | KODAK AF-2 SLIDE PROJ | 1 | WAKE FOREST | |
| 12 | 3464126 | KODAK AF-2 SLIDE PROJ | 1 | CLAYTON | |
| 13 | 3390482 | KODAK AF-2 SLIDE PROJ | 1 | FOAR OAKS | |
| 14 | 3512501 | KODAK AF-2 SLIDE PROJ | 1 | SMITHFIELD | |
| 15 | 3505211 | KODAK AF-2 SLIDE PROJ | 1 | BENSON | |
| 16 | 3388220 | KODAK AF-2 SLIDE PROJ | 1 | PRINCETON | |

| | | | | | |
|---|---|---|---|---|---|
| 17 | 3160957 | KODAK AF-2 SLIDE PROJ | 1 | MICRO | |
| 18 | 3447975 | KODAK AF-2 SLIDE PROJ | 1 | KENLY | |
| 19 | 3505471 | KODAK AF-2 SLIDE PROJ | 1 | NEW HOPE | |
| 20 | 3310065 | KODAK AF-2 SLIDE PROJ | 1 | DURHAM AMBULANCE | 61023 |
| 21 | 3297333 | KODAK AF-2 SLIDE PROJ | 1 | SO. ORANGE RESCUE | 61025 |
| 22 | 3285364 | KODAK AF-2 SLIDE PROJ | 1 | SELMA | 61021 |
| 23 | 3297325 | KODAK AF-2 SLIDE PROJ | 1 | CARY | 61024 |
| 24 | 3063704 | KODAK AF-2 SLIDE PROJ | 1 | SILER CITY | |
| 25 | 3505696 | KODAK AF-2 SLIDE PROJ | 1 | TRIANGLE J COG - | |
| 26 | 3285276 | KODAK AF-2 SLIDE PROJ | 1 | LEE COUNTY | |
| 27 | 5238045 | BELL & HOWELL 1592 16MM | 2 | TRIANGLE J COG | 60752 |
| 28 | 30803218A | HITACHI AVA-1000 SYNC | 3 | TRIANGLE J COG | |
| 29 | 31005235A | HITACHI AVA-1000 SYNC | 3 | PROJECT OFFICE **BROKEN** | 61026 |
| 30 | 30401845A | HITACHI AVA-1000 SYNC | 3 | DURHAM AMBULANCE | 60753 |
| 31 | 30803067A | HITACHI AVA-1000 SYNC | 3 | SELMA | 61027 |
| 32 | 31005190A | HITACHI AVA-1000 SYNC | 3 | SO. ORANGE RESCUE | 61028 |
| 33 | 12676P13 | HITACHI TRQ-123 PLAYER | 4 | CARY | |

| | | | | |
|---|---|---|---|---|
| 34 | 12676P06 | HITACHI TRQ-123 PLAYER | 4 | SILER CITY |
| 35 | 01013 | TIFFIN 7-11 PLAYER | 5 | LEE COUNTY |
| 36 | A31576 | TIFFIN AV-7200 SYNC UNIT | 6 | MICRO |
| 37 | A32001 | TIFFIN AV-7200 SYNC UNIT | 6 | KENLY |
| 38 | A32067 | TIFFIN AV-7200 SYNC UNIT | 6 | PRINCETON |
| 39 | A31894 | TIFFIN AV-7200 SYNC UNIT | 6 | FOUR OAKS |
| 40 | A31890 | TIFFIN AV-7200 SYNC UNIT | 6 | SMITHFIELD |
| 41 | A32120 | TIFFIN AV-7200 SYNC UNIT | 6 | BENSON |
| 42 | A32062 | TIFFIN AV-7200 SYNC UNIT | 6 | CLAYTON |
| 43 | A32063 | TIFFIN AV-7200 SYNC UNIT | 6 | WAKE FOREST |
| 44 | A32128 | TIFFIN AV-7200 SYNC UNIT | 6 | ZEBULON |
| 45 | A32061 | TIFFIN AV-7200 SYNC UNIT | 6 | WENDELL |
| 46 | A32064 | TIFFIN AV-7200 SYNC UNIT | 6 | GARNER-ST MARY |
| 47 | A32065 | TIFFIN AV-7200 SYNC UNIT | 6 | APEX |
| 48 | A32016 | TIFFIN AV-7200 SYNC UNIT | 6 | FUQUAY VARINA |

| | | | | |
|---|---|---|---|---|
| 49 | A32223 | TIFFEN AV-7200 SYNC UNIT | 6 | RALEIGH RESCUE (FIRE) |
| 50 | A32015 | TIFFEN AV-7200 SYNC UNIT | 6 | WAKE COUNTY RESCUE |
| 51 | A31641 | TIFFEN AV-7200 SYNC UNIT | 6 | LEE COUNTY |
| 52 | A32224 | TIFFEN AV-7200 SYNC UNIT | 6 | ORANGE COUNTY RESCUE |
| 53 | A32226 | TIFFEN AV-7200 SYNC UNIT | 6 | NEW HOPE RESCUE |

# APPENDIX J

## Final Survey

Part 1: Instructions to Interviewers

Part 2: Questionnaire

PUBLIC EDUCATION PROJECT -135-
Emergency Medical Services
Chydaru, Old Mason Farm Road
Chapel Hill, North Carolina 27514
(919) 933-2360

INTERVIEWER INSTRUCTIONS

First of all, thank you for helping with this survey. In this way, you are helping us to evaluate the worth of our public education effort and to improve such efforts not only in Region J, but in the entire state of North Carolina.

It is very important, in keeping within our one-year time frame for the project, that these interviews be returned to us promptly and to have them completed by the deadline. But it is also important that they be done correctly, so please take a few minutes of your time now and read the following instructions.

1. In the questionnaire, notes or instructions to interviewers appear in CAPITAL LETTERS. The questions themselves, which interviewers should quote word for word, appear in regular type- UPPER and lower case letters. The coded items or answers appear in Italics. Interviewers should circle the coded number or fill in the blanks, but should never read the italicized items to the interviewees.

2. Follow the attached small slip of directions to find your starting point. However, if this exact point is undergoing urban renewal or for some other reason no longer exists, stay in the general vicinity, but find another starting point and record it for our information.

3. If no one is home or if the respondent refuses to participate in the survey, or even if he begins it but for some reason refuses to continue to finish, go on to another house. Please go to as many houses as is necessary in order to obtain completed questionnaires. It is important that we get back the exact number of interviews noted per starting point.

Try to obtain your responses from an equal number of males and females. For example, if a male answers your questions at one house and at the next house you have a choice of speaking to a male or a female, chose the female. DO NOT TALK TO BOTH SIMULTANEOUSLY.

4. Please use a pencil to circle the number that corresponds to the way in which the person responds. Do not let the person read and mark the answers on the form himself and DO NOT PROMPT HIM IN ANY WAY BY READING THE CODED ANSWERS.

5. If you are connected with a rescue squad or an organization that has a uniform or ensignia, please wear it. This will help give the residents confidence in the validity of our survey.

6. For the last question, make sure that you have copies of all three brochures so that you can show them to the respondent for his/her identification.

7. Lastly, if you have any questions, please call our office COLLECT and we will be glad to answer them.

Thank you again for aiding us in this survey. 146

# REGION J
# PUBLIC EDUCATION PROJECT
# EMERGENCY MEDICAL SERVICES
# SURVEY

The purpose of the survey is to assess the public education needs in Region J relative to the public's knowledge of emergency medical services. Specifically, the objective is to learn to what extent the public has accurate knowledge of the following:

1. What emergency medical service is.
2. What services are available.
3. How to gain access to the emergency medical system.
4. The conditions for emergency medical service, i.e. whether or not recipients of the service must pay for it or be a member of a particular organization.

The survey will provide the data base for the development of the public education program and for its evaluation after completion.

**INSTRUCTIONS**

In the questionnaire, notes or instructions to interviewers appear in CAPITAL LETTERS. The questions themselves, which interviewers should quote verbatim, appear in regular type—Upper and Lower Case Letters. The coded items or answers appear in *Italics*. Interviewers should circle the coded number or fill in the blanks, but should never read the italicized items to the interviewees.

# REGION J
# PUBLIC EDUCATION PROJECT
# EMERGENCY MEDICAL SERVICES

# SECOND SURVEY

**PART I**

INTRODUCE YOURSELF

Good evening, my name is _____. I am working as a volunteer with the Region J Emergency Medical Service Council. We are conducting a survey to discover how much is known about emergency medical services in this area.

The results will help the council to evaluate its Public Ed. Project and for this reason, I would appreciate your help in answering a few questions about emergency medical services.

**PART II**

OBTAIN BACKGROUND INFORMATION

FOR THE FOLLOWING 4 ITEMS, MARK ITEM FROM YOUR OBSERVATION, DO NOT ASK.

| | | | |
|---|---|---|---|
| A. | Race: | *White* | 1 |
| | | *Black* | 2 |
| | | *Other* | 3 |
| B. | Sex: | *Male* | 1 |
| | | *Female* | 2 |
| C. | County: | *Chatham* | 1 |
| | | *Durham* | 2 |
| | | *Johnston* | 3 |
| | | *Lee* | 4 |
| | | *Orange* | 5 |
| | | *Wake* | 6 |
| D. | Area: | *City* | 1 |
| | | *Rural-farm* | 2 |
| | | *Rural non-farm* | 3 |

E. What is your occupation? (LIST HERE) _____

F. In which age bracket are you? STATE THESE AGE BRACKETS:

| | |
|---|---|
| *Under 35* | 1 |
| *35 thru 50* | 2 |
| *Over 50* | 3 |

G. What is the highest level of schooling you have completed?

| | |
|---|---|
| *Elementary* | 1 |
| *Some high school* | 2 |
| *High school graduate* | 3 |
| *Some higher education* | 4 |
| *College graduate* | 5 |

**PART III: QUESTIONS ABOUT EMERGENCY MEDICAL SERVICES.**

1. Is there a telephone in your home?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |

2. In the last six months, have you heard or seen any information about Emergency Medical Services?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |

3. If Yes; ask:
Where did you see or hear this?

| | |
|---|---|
| *Television* | 1 |
| *Radio* | 2 |
| *Newspaper* | 3 |
| *Group Presentation* | 4 |
| *Brochures* | 5 |
| *Posters* | 6 |
| *Slide Tape* | 7 |
| *Bus Cards* | 8 |
| *From my children* | 9 |

4. Have you ever heard about the emergency medical system for your county?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |

IF RESPONDENT ANSWERS YES, ASK:

5. Please tell me briefly what the emergency system does.

FOLLOWING ARE LISTED THE FIVE BASIC ELEMENTS OF AN EMERGENCY MEDICAL SYSTEM. CIRCLE THE NUMERAL OF THE ITEMS MENTIONED BY THE RESPONDENT. DO NOT PROMPT BY SUGGESTING ITEMS.

| | |
|---|---|
| *Transportation* | 1 |
| *Telecommunications* | 2 |
| *Trained Nurses & Physicians at Hospital* | 3<br>3 |
| *Trained Emergency Medical Technicians* | 4 |
| *Emergency Room at Hospital* | 5 |

THEN SAY:
Can you think of anything else?

6. Who would you call in case of a medical emergency?

| | |
|---|---|
| *Rescue squad* | 1 |
| *Private physician* | 2 |
| *Police department* | 3 |
| *Hospital* | 4 |
| *Family or friends* | 5 |
| *EMS System* | 6 |
| *Don't know or other* | 7 |

7. What is the telephone number you would call to get trained Emergency Medical Service? _____

| | |
|---|---|
| *Don't know* | 3 |

8. Do you keep the telephone number for Emergency Medical Service in a prominent place on or near your telephone?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |

IF YES, ASK:

How did you get this number? _____

Please tell me what the number is. _____

9. Does everyone in your home, including any chilren over age 6, know how to call for emergency medical service?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |
| *Don't know* | 3 |

10. Have you and your family discussed what to do in case of a medical emergency?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |

11. If you were to call for emergency medical service, what information do you think you should give to whomever answered the telephone?

CIRCLE THE NUMERAL OF THE ITEMS WHICH THE RESPONDENT NAMES, BUT DO NOT PROMPT BY SUGGESTING ITEMS.

| | |
|---|---|
| *Name of person calling* | 1 |
| *Telephone number you are at* | 2 |
| *Nature of emergency* | 3 |
| *Site of emergency* | 4 |
| *Directions to the site* | 5 |
| *Number of injured and condition* | 6 |
| *Any special circumstances that might constitute danger to the service provider or delay in response time* | 7 |
| *Don't know* | 8 |

12. If I were coming from _____, (FILL IN WITH LOCATION OF PROVIDER'S BASE) please tell me how to get to your home.

DETERMINE IF DIRECTIONS ARE:

| | |
|---|---|
| *Clear* | 1 |
| *Unclear* | 2 |

13. Is there a charge for emergency medical service in your community?

| | |
|---|---|
| *Yes* | 1 |
| *No* | 2 |
| *Don't know* | 3 |

14. What do you think an emergency medical situation is?

_____

_____

_____

15. What do you see as the greatest emergency medical need in your community?

CIRCLE THE NUMERAL OF THE ITEMS MENTIONED BY THE RESPONDENT. DO NOT PROMPT BY SUGGESTING ITEMS.

| | |
|---|---|
| *More emergency equipment and money, i.e., ambulances, rescue vehicles* | 1 |
| *Closer hospitals & more doctors* | 2 |
| *More and/or better trained emergency personnel* | 3 |
| *Better publicity & education* | 4 |
| *Already adequate* | 5 |

16. (Interviewer should hold up the three brochures)

Have you seen any of these brochures before now.

| | Yes | No |
|---|---|---|
| E.M.T.'s Could Save your life | 1 | 2 |
| Your best help in a Medical Emergency | 1 | 2 |
| Preparedness Card | 1 | 2 |

THANK THE RESPONDENT.

Thank you for your time and help in answering these questions.